Virginia Department of
Health Professions
Board of Audiology and Speech-Language Pathology

Agenda
Board of Audiology and Speech-Language Pathology
Full Board Meeting

July 30, 2019
Board Room 3
10:00 a.m.

Call to Order – Angela Moss, MA, CCC-SLP
- Welcome
- Emergency Egress Procedures

Ordering of Agenda – Ms. Moss

Public Comment – Ms. Moss
The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of Minutes – Ms. Moss **Pages 2-6**
February 19, 2019 – Full Board Meeting
June 3, 2019 – Regulatory Advisory Panel on Telepractice Meeting

Agency Director's Report - David Brown, DC

Legislative/Regulatory Report – Elaine Yeatts **Pages 7-25**
- Update on 2019 legislative session
- Petition for Rulemaking: Approval of accrediting body for continuing education
- Regulatory Action – Consideration of fast-track action for licensure by endorsement

Discussion Items **Page 26-88**
- Healthcare Workforce Presentation – **Elizabeth Carter**
- Review of Guidance Document 30-1: Telepractice – **Leslie Knachel**
- ASHA certification changes – **Ms. Knachel**
- Continuing education audit update – **Ms. Knachel**

Board Member Training – Kelli Moss
Use of electronic equipment in the discipline process

Board Counsel Report – Charis Mitchell

President's Report – Ms. Moss

Board of Health Professions' Report – Allison King, Ph.D., CCC-SLP

Staff Reports **Pages 89-93**
- Executive Director's Report – **Ms. Knachel**
- Discipline Report – **Ms. Moss**

New Business – Ms. Moss
Board Elections

Next Meeting – November 12, 2019

Meeting Adjournment – Ms. Moss

This information is in **DRAFT** form and is subject to change.

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
MEETING MINUTES
February 19, 2019

TIME AND PLACE:	The Board of Audiology and Speech-Language Pathology (Board) meeting was called to order at 10:04 a.m. on Tuesday, February 19, 2019, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 3, Henrico, Virginia.
PRESIDING OFFICER:	Melissa A. McNichol, Au.D.,CCC-A
MEMBERS PRESENT:	Corliss V. Booker, Ph.D., APRN, FNP-BC Bradley W. Kesser, M.D. Alison Ruth King, Ph.D., CCC-SLP Erin G. Piker, Au.D., Ph.D., CCC-A
MEMBERS NOT PRESENT:	Kyttra Burge, Citizen Member Angela W. Moss, MA, CCC-SLP
QUORUM:	With five members of the Board present, a quorum was established.
STAFF PRESENT:	Leslie L. Knachel, Executive Director James Rutkowski, Assistant Attorney General, Board Counsel Kelli Moss, Deputy Executive Director Anthony Morales, Licensing Operations Manager David E. Brown, D.C. – Agency Director Elaine Yeatts - Senior Policy Analyst
OTHERS PRESENT:	No others were present.
ORDERING OF AGENDA:	The agenda was accepted as amended.
INTRODUCTIONS:	The new board member, Dr. King, was introduced.
PUBLIC COMMENT:	No public comment was presented.
APPROVAL OF MINUTES:	Dr. Kesser moved to approve the September 25, 2018, meeting minutes as presented. The motion was seconded and carried.
DIRECTOR'S REPORT:	Dr. Brown reported on the general overview of the House Bills. • Telemedicine • Music Therapy Licensure • DHP Website
LEGISLATIVE/REGULATORY UPDATE:	**Legislative Update** Ms. Yeatts reviewed legislation of interest to the agency and the Board of Audiology, Speech-Language Pathology.
DISCUSSION ITEMS:	**Licensure Compact** Ms. Knachel provided an overview of the draft licensure compact that was presented at the 2018 Annual Meeting of the National Council of State Boards of Examiners for Speech-Language Pathology and

Audiology. She reviewed the comments that were submitted to the compact's drafting committee for consideration. She indicated that she will keep the Board apprised of the progression of the compact.

Information on Telepractice from the Speech-Language-Hearing Association of Virginia

Ms. Knachel stated that the Speech-Language-Hearing Association of Virginia, (SHAV) submitted a draft proposal for telepractice guidelines to be used by speech-language pathologists and audiologists. She recommended that the Board convene a regulatory advisory panel (RAP) composed of two representatives from the Board, two from the Department of Education and one from SHAV. The Board requested that Ms. Knachel move forward with scheduling a RAP meeting on telepractice.

Update on Continuing Education (CE) Audit

Ms. Knachel explained that conducting a CE audit is at the discretion of the Board. She indicated during the first meeting scheduled after a renewal period, the Board will be asked to vote on whether a CE audit is to be conducted.

Dr. Kesser moved to conduct an audit for Ce completed in 2018. The motion was seconded and carried.

- **Update of Guidance Document 30-9, Guidance for Continuing Education Audits and Sanctioning for Failure to Complete CE**

  Ms. Knachel explained the need to have additional actions for failure to respond to a CE audit notification until disciplinary action was initiated by the Board. She presented draft changes to the Board for its consideration with an amendment to change the "Possible Action" column for the "Second Offense" to "Pre-hearing Consent Order."

  Dr. Piker moved to accept the draft with the amendment. The motion was seconded and carried.

Using Telepractice to Supervise a Provisional Licensee

Ms. Knachel commented that she had received several questions regarding whether supervision for a provisionally licensed speech-language pathologist could be done via telepractice. She indicated that the regulations to do not address this specific scenario, but if done via telepractice would need to be compliant with all regulatory requirements for supervision. However, Ms. Knachel stated that the American Speech-Language-Hearing Association does not allow telepractice supervision to count towards meeting the requirements for a Certificate of Clinical Competence.

BOARD MEMBER TRAINING: **Administrative Hearings**
Ms. Kelli Moss provided training on administrative hearings.

BOARD COUNSEL REPORT: Mr. Rutkowski had nothing to report.

PRESIDENT'S REPORT: Ms. McNichol had nothing to report.

BOARD OF HEALTH PROFESSIONS' REPORT: Dr. King was not able to attend the most recent Board of Health Professions meeting due to a scheduling conflict. She indicated that she would be attending the February 25, 2019, meeting.

STAFF REPORTS:

Executive Director's Report
The following information was provided:

- Ms. Knachel reported on licensure and budget statistics.
- Ms. Knachel indicated that she would not be able to attend the National Council of State Boards of Examiners' 2019annual meeting, but planned to send Ms. Kelli Moss and asked if a board member would like to attend. Dr. Piker volunteered to attend.
- Mr. Morales provided information of the new email encryption process, Virtru: and
- Ms. Knachel presented a tentative board calendar for 2020.

Discipline Report – Ms. Moss
Ms. Kelli Moss provided an overview of the caseload statistics.

NEW BUSINESS: No New Business was presented.

NEXT MEETING: The next scheduled full board meeting is November 12, 2019.

ADJOURNMENT: The meeting adjourned at 1:01 p.m.

Angela W. Moss, MA, CCC-SLP
Chair

Leslie L. Knachel, M.P.H
Executive Director

Date

Date

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
REGULATORY ADVISORY PANEL - TELEPRACTICE
MEETING MINUTES
June 3, 2019

TIME AND PLACE:	The Regulatory Advisory Panel (RAP) meeting was called to order at 2:05 p.m. on Monday, June 3, 2019, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Hearing Room 3, Henrico, Virginia.
PRESIDING OFFICER:	Angela W. Moss, MA, CCC-SLP, Chair
MEMBERS PRESENT:	Melissa A. McNichol, Au.D.,CCC-A, Board Member Marie Ireland, M.Ed, CCC-SLP, BCS-CL Specialist, Virginia Department of Education Catherine Hancock, Department of Behavioral Health and Developmental Services Diane Shepard, SLP, Speech-Language-Hearing Association of Virginia (SHAV)
MEMBERS NOT PRESENT:	Tammy Davis, SLP, Loudon County Public Schools
QUORUM:	With five members of the RAP present, a quorum was established.
STAFF PRESENT:	Leslie L. Knachel, Executive Director Elaine Yeatts - Senior Policy Analyst Anthony Morales, Licensing Operations Manager Lena Moore – Administrative Assistant
OTHERS PRESENT:	No others were present.
ORDERING OF AGENDA:	Ms. Hancock moved to adopt the agenda as provided. The motion was seconded and carried.
INTRODUCTION OF COMMITTEE MEMBERS:	Ms. Moss facilitated the introduction of attendees and staff members.
PUBLIC COMMENT:	No public comment was presented.
COMMITTEE PURPORSE:	Ms. Moss and Ms. Yeatts reported that the purpose of the RAP is to determine if the regulations are sufficient for the practice of audiology and speech-language pathology via telepractice.
DISCUSSION ITEMS:	**Use of Telepractice in Audiology and Speech-Language Pathology Practice** The RAP members discussed the use of telepractice and reviewed the materials provided for Virginia and other states. Ms. Knachel commented that telepractice is a method of delivery. She indicated that current regulations must be followed regardless of method of delivery. In addition, Ms. Yeatts commented that if the regulations inhibit telepractice then changes might need to be considered.

The RAP agreed that a guidance document regarding telepractice would be the best starting point and directed Ms. Knachel and Ms. Yeatts to draft a guidance document for presentation to the full Board. The RAP recommended the questions that require guidance.

NEW BUSINESS: No New Business was presented.

ADJOURNMENT: The meeting adjourned at 3:35 p.m.

Angela W. Moss, MA, CCC-SLP
Chair

Date

Leslie L. Knachel, M.P.H
Executive Director

Date

Legislation passed by the 2019 General Assembly affecting the Board

CHAPTER 169

An Act to amend and reenact §§ 54.1-3002 and 54.1-3603 of the Code of Virginia, relating to composition of the Boards of Nursing and Psychology; health regulatory boards; staggered terms.

[H 2228]

Approved February 27, 2019

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3002 and 54.1-3603 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3002. Board of Nursing; membership; terms; meetings; quorum; administrative officer.

The Board of Nursing shall consist of 14 members as follows: eight registered nurses, at least two of whom are licensed nurse practitioners; ~~three~~ *two* licensed practical nurses; ~~and~~ three citizen members; *and one member who shall be a registered nurse or a licensed practical nurse.* The terms of office of the Board shall be four years.

The Board shall meet ~~each January~~ *at least annually* and shall elect *officers* from its membership ~~a president, a vice president, and a secretary~~. It may hold such other meetings as may be necessary to perform its duties. A majority of the Board including one of its officers shall constitute a quorum for the conduct of business at any meeting. Special meetings of the Board shall be called by the administrative officer upon written request of two members.

The Board shall have an administrative officer who shall be a registered nurse.

§ 54.1-3603. Board of Psychology; membership.

The Board of Psychology shall regulate the practice of psychology. The membership of the Board shall be representative of the practices of psychology and shall consist of nine members as follows: five persons who are licensed as clinical psychologists, one person licensed as a school psychologist, one person licensed ~~as an applied psychologist~~ *in any category of psychology,* and two citizen members. At least one of the seven psychologist members of the Board shall be a member of the faculty at an accredited institution of higher education in the Commonwealth actively engaged in teaching psychology. The terms of the members of the Board shall be four years.

2. That for appointments to the Board of Nursing pursuant to § 54.1-3002 of the Code of Virginia, as amended by this act, that are set to begin July 1, 2021, one registered nurse and one licensed practical nurse shall be appointed for a term of one year, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Nursing shall be for a term of four years, as provided in § 54.1-3002 of the Code of Virginia, as amended by this act.

3. That for appointments to the Board of Psychology pursuant to § 54.1-3603 of the Code of Virginia, as amended by this act, that are set to begin July 1, 2020, one member shall be appointed for a term of one year, one member shall be appointed for a term of two years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Psychology shall be for a term of four years, as provided in § 54.1-3603 of the Code of Virginia, as amended by this act.

4. That for appointments to the Board of Dentistry pursuant to § 54.1-2702 of the Code of Virginia that are set to begin July 1, 2020, one member shall be appointed for a term of one year, one member shall be appointed for a term of two years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Dentistry shall be for a term of four years, as provided in § 54.1-2702 of the Code of Virginia.

5. That for appointments to the Board of Long-Term Care Administrators pursuant to § 54.1-3101 of the Code of Virginia that are set to begin July 1, 2019, one licensed nursing home administrator and one assisted living facility administrator shall be appointed for a term of one year, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Long-Term Care Administrators shall be for a term of four years, as provided in § 54.1-3101 of the Code of Virginia.

6. That for appointments to the Board of Medicine pursuant to § 54.1-2911 of the Code of Virginia that are set to begin July 1, 2020, three members shall be appointed for a term of two years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Medicine shall be for a term of four years, as provided in § 54.1-2911 of the Code of Virginia.

7. That for appointments to the Board of Veterinary Medicine pursuant to § 54.1-3802 of the Code of Virginia that are set to begin July 1, 2019, the citizen member shall be appointed for a term of three years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Veterinary Medicine shall be for a term of four years, as provided in § 54.1-3802 of the Code of Virginia.

8. That for appointments to the Board of Audiology and Speech-Language Pathology pursuant to § 54.1-2602 of the Code of Virginia that are set to begin July 1, 2022, one speech-language pathologist shall be appointed for a term of two years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Audiology and Speech-Language Pathology shall be for a term of four years, as provided in § 54.1-2602 of the Code of Virginia.

9. That for appointments to the Board of Pharmacy pursuant to § 54.1-3305 of the Code of Virginia that are set to begin July 1, 2022, one citizen member and one pharmacist shall be appointed for a term of three years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Pharmacy shall be for a term of four years, as provided in § 54.1-3305 of the Code of Virginia.

10. That for appointments to the Board of Counseling pursuant to § 54.1-3503 of the Code of Virginia that are set to begin July 1, 2021, one member shall be appointed for a term of two years, two members shall be appointed for a term of three years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Counseling shall be for a term of four years, as provided in § 54.1-3503 of the Code of Virginia.

Study Information Forms

For

2019 Studies

Joint Commission on Health Care

Language Development for Children who are Deaf or Hard of Hearing and Assessment Resources for Parents and Educators

SOURCE OF STUDY REQUEST:

Senate Bill 1741 was introduced by Senator Edwards during the 2019 General Assembly session. The bill was referred to the Senate Education and Health committee where it was passed by indefinitely with the understanding that the subject matter would be referred to the Joint Commission on Health Care for study. In the referral letter, received by the JCHC chair, the Senate Clerk requests that a report be submitted to the Chair of the Education and Health Committee, the bill patron, and the Office of the Senate Clerk by November 1, 2019.

SUMMARY (as introduced; see last section of SIF for full text of bill):

Requires the Virginia Department of Behavioral Health and Developmental Services (DBHDS), in coordination with the Virginia Department of Education (DOE) and the Department for the Deaf and Hard-of-Hearing (DDHH), to (i) select, with input from an advisory committee that the bill establishes, language development milestones and include such milestones in a resource for use by parents of a child from birth to age five who is identified as deaf or hard of hearing to monitor and track their child's expressive and receptive language acquisition and developmental stages toward English literacy; (ii) disseminate such resource to such parents; (iii) select existing tools or assessments for educators for use in assessing the language and literacy development of children from birth to age five who are deaf or hard of hearing; (iv) disseminate such tools or assessments to local educational agencies and provide materials and training on their use; and (v) annually produce a report that compares the language and literacy development of children from birth to age five who are deaf or hard of hearing with the language and literacy development of their peers who are not deaf or hard of hearing and make such report available to the public on its website.

HAS TOPIC BEEN STUDIED FOR VIRGINIA GOVERNMENT, OR IN OTHER STATES, IN THE LAST 10 YEARS?

YES _____ NO ___X___.

ADDITIONAL INFORMATION:

A variety of communication options are currently available for children who are deaf or hard-of-hearing. These include forms of oral communication – such as lip reading and maximizing children's own hearing capacities (e.g., through Cochlear implants) – manual communication – such as American Sign Language or other forms of signed language – and combined modes of communication – such as "cued speech" in which hand gestures are used simultaneously with speaking.[8]

Some U.S. states have enacted statutes known as "Language Equality and Acquisition for Deaf Kids" (LEAD-K) laws that are focused on ways to improve access to language and kindergarten readiness for deaf children. These statutes generally create an advisory body to determine ways to improve language acquisition and school readiness, with some requiring the creation of developmental milestones as a reference for parents. States with LEAD-K laws include: California, Hawaii, Kansas, Oregon, South Dakota, Georgia and Louisiana.[9]

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[8] http://www.vdh.virginia.gov/content/uploads/sites/109/2016/08/Communication-Options-for-a-Child-who-is-Deaf-or-Hard-of-Hearing.pdf

[9] https://www.cde.ca.gov/sp/ss/dh/sb210langmilestones.asp

In Virginia, at least nine bills since 2017 have been introduced to create an advisory committee focused on readiness of deaf and hard-of-hearing children for kindergarten.[10] Similar to LEAD-K laws in other states, several of those bills – including SB 1741 – mandated that the advisory committee create developmental milestones to be disseminated through the DOE as a parental resource, as well as fund ongoing data collection efforts. However, none of those bills passed in the General Assembly.

DRAFT WORK PLAN FOR STUDY:

- Collect Virginia data on:
  - # children 0-5 years of age diagnosed as deaf/hard-of-hearing (VDH; newborn screening programs)
  - # children 5+ years of age diagnosed as deaf/hard-of-hearing in public schooling system (DOE)
  - Language and literacy development of children 0-5 years of age who: 1) are deaf/hard-of-hearing; and 2) are not deaf/hard-of-hearing. (some data on children who are deaf/hard-of-hearing are reported in compliance with the federally required state performance plan on students with disabilities) (DOE/DBHDS)
- Review literature on:
  - Language/communication acquisition outcomes of deaf/hard-of hearing children 0-5 years of age who receive varying forms of instruction (e.g., signed language only; oral communication only; combined forms of communication)
  - LEAD-K laws in other states
- Convene workgroup consisting of stakeholders listed below – as well as any others, as appropriate – to discuss issues raised in SB 1741. The workgroup will meet 3 – 4 times in 2019, with the goal of identifying points of consensus and considering alternatives to points of disagreement relating to issues raised in Senate Bill 1741.

Stakeholders to contact:

- American Sign Language Teachers Association
- American Society for Deaf Children
- Beginnings
- CueSigns, Inc.
- DBHDS
- Deaf Grassroots Movement
- Disability Commission
- Disability Law Center of Virginia
- DOE
- Hands & Voices
- Infant & Toddler Connection of Virginia
- Language Equality and Acquisition for Deaf-Kindergarten Ready
- Laurent Clerc National Deaf Education Center
- National Alexander Graham Bell Association

[10] The bills were: HB 118 (2018), HB 232 (2018), HB 848 (2018), HB 893 (2018), HB 1410 (2018): Left in HWI; HB 1873 (2017): Left in Ed; SB 160 (2018-2019): left in Ed & Heath; SB 983 (2017): Stricken at patron's request; SB 1741 (2019): PBI'd in Sen Ed & Health with letter

- National American Sign Language and Early Childhood Education Bilingual Consortium
- National Association of the Deaf
- National Black Deaf Advocates
- North Virginia Resource center for Deaf and Hard of hearing Persons
- Ski Hi Deaf Mentor Program
- Speech-Language-Hearing Association of Virginia
- VCU Partnership for People with Disabilities (Center for Family Involvement)
- VDH (Virginia Early Hearing Detection and Intervention Program Advisory Committee)
- Virginia Association of the Deaf
- Virginia Board for People with Disabilities
- Virginia Department for the Deaf and Hard of Hearing
- Virginia School for the Deaf and the Blind (Board of Visitors)

ESTIMATED WORKLOAD REQUIREMENT (based on proposed study work plan): Medium-High – based on workgroup component of study

SB 1741 AS INTRODUCED – TEXT

SENATE BILL NO. 1741

Offered January 17, 2019

A BILL to amend the Code of Virginia by adding in Article 1 of Chapter 3 of Title 37.2 a section numbered 37.2-314.1, relating to language development for children who are deaf or hard of hearing; assessment resources for parents and educators; advisory committee; report.

Patron-- Edwards

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Article 1 of Chapter 3 of Title 37.2 a section numbered 37.2-314.1 as follows:

§ 37.2-314.1. Language development for children who are deaf or hard of hearing; assessment resources for parents and educators; advisory committee; report.

A. For the purposes of this section, "language developmental milestones" means milestones of development aligned to the existing instrument used to assess the development of children with disabilities pursuant to federal law.

B. The Department, in coordination with the Department of Education and the Department for the Deaf and Hard-of-Hearing, shall establish an advisory committee for the purpose of soliciting input from members on the selection of language developmental milestones for inclusion in a resource for use by parents of a child from birth to age five who is identified as deaf or hard of hearing to monitor and track the child's expressive and receptive language acquisition and developmental stages toward English literacy. The advisory committee shall consist of 13 nonlegislative citizen members, the majority of whom shall be deaf or hard of hearing and all of whom shall have experience in the field of education of individuals who are deaf or hard of hearing. The advisory committee shall include:

1. One parent of a child who is deaf or hard of hearing and who uses the dual languages of American Sign Language and English;

2. One parent of a child who is deaf or hard of hearing and who uses only spoken English, with or without visual supplements;

3. One parent of a child who is deaf or hard of hearing and who uses only spoken language, with cued visual supplements.

4. One credentialed teacher of students who are deaf or hard of hearing and who use the dual languages of American Sign Language and English;

5. One credentialed teacher of students who are deaf or hard of hearing who teaches at an accredited private, nonsectarian elementary or secondary school;

6. One expert who researches language outcomes for children who are deaf or hard of hearing and who use the dual languages of American Sign Language and English;

7. One expert who researches language outcomes for children who are deaf or hard of hearing and who use spoken English, with or without visual supplements;

8. One credentialed teacher of students who are deaf or hard of hearing whose expertise is in curriculum and instruction in the dual languages of American Sign Language and English;

9. One credentialed teacher of students who are deaf or hard of hearing whose expertise is in curriculum and instruction in spoken English, with or without visual supplements;

10. One advocate for the teaching and use of the dual languages of American Sign Language and English for children who are deaf or hard of hearing;

11. One advocate who is an oral-aural specialist for children who are deaf or hard of hearing;

12. One early intervention specialist who works with infants and toddlers who are deaf or hard of hearing using the dual languages of American Sign Language and English; and

13. One credentialed teacher of students who are deaf or hard of hearing whose expertise is in American Sign Language and English language assessment.

C. No later than March 1, 2020, the Department, in coordination with the Department of Education and the Department for the Deaf and Hard-of-Hearing, shall provide the advisory committee established pursuant to subsection A with a list of all existing language developmental milestones from standardized norms and any relevant information regarding such language developmental milestones for possible inclusion in the parent resource set forth in subsection D. No later than June 1, 2020, the advisory committee shall recommend language developmental milestones for inclusion in the parent resource and may make recommendations for tools or assessments to be included in an educator resource set forth in subsection E for use in assessing the language and literacy development of children from birth to age five who are deaf or hard of hearing. No later than June 30, 2020, the Department, in coordination with the Department of Education and the Department for the Deaf and Hard-of-Hearing, shall select language developmental milestones for inclusion in the parent resource and inform the advisory committee of its selections.

D. The Department, in coordination with the Department of Education and the Department for the Deaf and Hard-of-Hearing, shall, after considering the recommendations submitted by the advisory committee, select language developmental milestones for inclusion in a resource, and develop such resource, for use by parents of a child from birth to age five who is identified as deaf or hard of hearing to monitor and track the child's expressive and receptive language acquisition and developmental stages toward English literacy. Such parent resource shall:

1. Be appropriate for use, in both content and administration, with children who use American Sign Language, English, or both;

2. Present the language development milestones selected pursuant to subsection B in terms of typical development of all children in a particular age range;

3. Be written for clarity and ease of use by parents;

4. Be aligned to the Department's and Department of Education's existing infant, toddler, and preschool guidelines, the existing instrument used to assess the development of children with disabilities pursuant to federal law, and state standards in English language arts;

5. Make clear that parents have the right to select American Sign Language, English, or both, for their child's language acquisition and developmental milestones;

6. Make clear that the parent resource is not a formal assessment of language and literacy development and that parents' observations of their child may differ from formal assessment data presented at an Individual Family Service Plan (IFSP) or Individualized Education Program (IEP) meeting;

7. Explain that parents may bring the parent resource to an IFSP or IEP meeting for purposes of sharing their observations about their child's development; and

8. Include fair, balanced, and comprehensive information about American Sign Language and English and respective communication modes as well as available services and programs.

The Department, the Department of Education, and the Department for the Deaf and Hard-of-Hearing shall jointly disseminate the resource to parents of children from birth to age five who are deaf or hard of hearing.

E. The Department, in coordination with the Department of Education and the Department for the Deaf and Hard-of-Hearing, shall, after considering any recommendations submitted by the advisory committee, select existing tools or assessments for educators for use in assessing the language and literacy development of children from birth to age five who are deaf or hard of hearing. Such tools or assessments shall:

1. Be in a format that shows stages of language and literacy development;

2. Be selected for use by educators to track the expressive and receptive language acquisition and developmental stages toward English literacy of children from birth to age five who are deaf or hard of hearing; and

3. Be appropriate, in both content and administration, for use with children who are deaf or hard of hearing and who use American Sign Language, English, or both.

The Department, the Department of Education, and the Department for the Deaf and Hard-of-Hearing shall jointly disseminate the tools or assessments selected pursuant to this subsection to local educational agencies and provide materials and training on their use. Such tools or assessments may be used by a child's IFSP or IEP team, as applicable, to track the expressive and receptive language acquisition and developmental stages toward English literacy of such child or to establish or modify IFSP or IEP plans.

F. In addition to the powers and duties set forth above, the advisory committee may:

1. Advise the Department, the Department of Education, and the Department for the Deaf and Hard-of-Hearing or its contractor on the content and administration of the existing instrument used to assess the development of children who are deaf or hard of hearing in order to ensure the appropriate use of such instrument for the assessment of the language and literacy development of children from birth to age five who are deaf or hard of hearing; and

2. Make recommendations regarding future research to improve the measurement of the language and literacy development of children from birth to age five who are deaf or hard of hearing.

G. If a child from birth to age five who is deaf or hard of hearing does not demonstrate progress in expressive and receptive language skills as measured by one of the educator tools or assessments selected pursuant to subsection E or by the existing instrument used to assess the development of children who are deaf or hard of hearing, such child's IFSP or IEP team, as applicable, shall explain in detail the reasons why the child is not meeting or progressing toward the language developmental milestones and shall recommend specific strategies, services, and programs that shall be provided to assist the child's progress toward English literacy.

H. No later than August 1, 2020, and no later than August 1 of each year thereafter, the Department, in coordination with the Department of Education and the Department for the Deaf and Hard-of-Hearing, shall produce a report, using existing data reported in compliance with the federally required state performance plan on students with disabilities, that compares the language and literacy development of children from birth to age five who are deaf or hard of hearing with the language and literacy development of their peers who are not deaf or hard of hearing and shall make such report available to the public on its website.

I. The Department, the Department of Education, and the Department for the Deaf and Hard-of-Hearing shall comply with the provisions of the federal Individuals with Disabilities Education Act (20 U.S.C. § 1400 et seq.) and the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g) in carrying out the provisions of this section.

Agenda Item: Response to Petition for Rulemaking

Included in your package:

Copy of petition for rulemaking – there were no public comments on the petition

Copy of applicable regulation

Action:

To either accept the petitioner's request and initiate rulemaking or to deny the request and state reason for denial

COMMONWEALTH OF VIRGINIA
Board of Audiology & Speech-Language Pathology

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4630 (Tel)
(804) 527-4413 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle Initial, Suffix,) Satterfield, Catherine		
Street Address 511 Richter Ln	**Area Code and Telephone Number** 757-660-1499	
City Yorktown	**State** VA	**Zip Code** 23693
Email Address (optional) cathy.satterfield@cox.net	**Fax (optional)**	

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18VAC30-21-100 – Continuing education requirements for renewal of an active license; paragraph B; point 8.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

The current regulation only recognizes health care organizations accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as sanctioned organizations to offer continuing education activities.
This request is for broadening the regulation (paragraph B; point 8) to include health care organizations accredited by Det Norske Veritas Healthcare, Inc. (DNV-GL Healthcare).*

In 2008, Medicare granted deeming authority to Det Norske Veritas Healthcare, Inc. (DNV-GL Healthcare) for hospitals, meaning that CMS recognizes DNV-GL healthcare as an accreditation option to the JCAHO for hospitals seeking to participate in the Medicare program (reference attached CMS memo 09-02, posted 10/3/2008). Twenty-two hospitals in Virginia, including those in the Riverside Health System and Sentara Healthcare network have changed from JCAHO accreditation to DNV-GL accreditation.
*This request was reviewed by SHAV with minor changes offered and incorporated

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is <u>other</u> legal authority for promulgation of a regulation, please provide that Code reference.

§ 54.1-2400 of the Code of Virginia

Signature: C Satterfield **Date:** 2-22-2019

July 2002

CMS-2895-FN Approval of Det Norske Veritas Healthcare, Inc. for Deeming Authority for Hospitals

- This notice announces our decision to approve Det Norske Veritas Healthcare, Inc. (DNVHC) for recognition as a national accreditation program for hospitals seeking to participate in the Medicare or Medicaid programs.

- This is an initial 4-year approval effective September 26, 2008 through September 26, 2012.

- This approval provides hospitals with another accreditation option in addition to the Joint Commission and the American Osteopathic Association.

- DNVHC's hospital accreditation program is unique in that it integrates the ISO 9001 standards (international quality standards that define minimum requirements for a quality management system) and the Medicare hospital conditions of participation.

18VAC30-21-100. Continuing Education Requirements for Renewal of an Active License.

A. In order to renew an active license, a licensee shall complete at least 10 contact hours of continuing education prior to the renewal date each year. Up to 10 contact hours of continuing education in excess of the number required for renewal may be transferred or credited to the next renewal year. One hour of the 10 hours required for annual renewal may be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

B. Continuing education shall be activities, programs, or courses related to audiology or speech-language pathology, depending on the license held, and offered or approved by one of the following accredited sponsors or organizations sanctioned by the profession:

1. The Speech-Language-Hearing Association of Virginia or a similar state speech-language-hearing association of another state;

2. The American Academy of Audiology;

3. The American Speech-Language-Hearing Association;

4. The Accreditation Council on Continuing Medical Education of the American Medical Association offering Category I continuing medical education;

5. Local, state, or federal government agencies;

6. Colleges and universities;

7. International Association of Continuing Education and Training; or

8. Health care organizations accredited by the Joint Commission on Accreditation of Healthcare Organizations.

C. If the licensee is dually licensed by this board as an audiologist and speech-language pathologist, a total of no more than 15 hours of continuing education are required for renewal of both licenses with a minimum of 7.5 contact hours in each profession.

D. A licensee shall be exempt from the continuing education requirements for the first renewal following the date of initial licensure in Virginia under 18VAC30-21-60.

E. The licensee shall retain all continuing education documentation for a period of three years following the renewal of an active license. Documentation from the sponsor or organization shall include the title of the course, the name of the sponsoring organization, the date of the course, and the number of hours credited.

F. The board may grant an extension of the deadline for continuing education requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date of each year.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

H. The board shall periodically conduct an audit for compliance with continuing education requirements. Licensees selected for an audit conducted by the board shall complete the Continuing Education Form and provide all supporting documentation within 30 days of receiving notification of the audit.

I. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 32, Issue 23, eff. August 10, 2016; amended, Virginia Register Volume 33, Issue 11, eff. March 9, 2017; Volume 34, Issue 16, eff. May 2, 2018.

Agenda Item: Regulations for licensure by endorsement

Included in your agenda package is:

- Copy of the DRAFT proposed regulations

Staff Note:

This proposed amendment is intended to address situations that have arisen in which a person who recently graduated has applied for licensure in Virginia. Because the applicant was already licensed in another state, he/she must apply for licensure by endorsement. The applicant may not meet the requirement for active practice. However, since he/she graduated within the past 12 months, there is evidence of minimal competency to practice.

Active practice is defined as:

"Active practice" means a minimum of 160 hours of professional practice as an audiologist or speech-language pathologist for each 12-month period immediately preceding application for licensure. Active practice may include supervisory, administrative, educational, research, or consultative activities or responsibilities for the delivery of such services.

Board action:

Discussion of issue and possible adoption of amendments by a fast-track action

Project 6086 - none

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

Licensure by endorsement

18VAC30-21-80. Qualifications for licensure by endorsement.

An applicant for licensure in audiology or speech-language pathology who has been licensed in another United States jurisdiction shall apply for licensure in Virginia in accordance with application requirements in 18VAC30-21-50 and submission of documentation of:

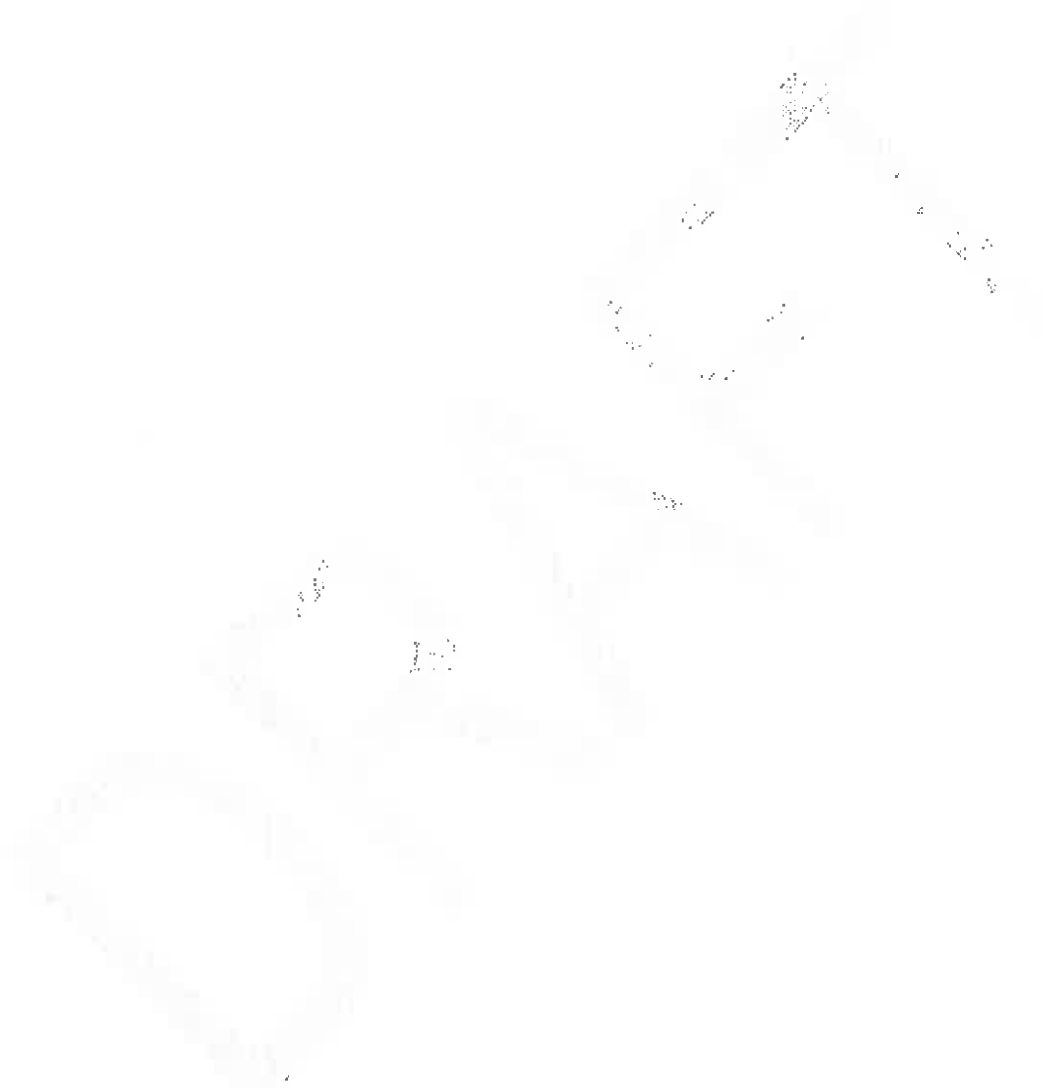
1. Ten continuing education hours for each year in which he has been licensed in the other jurisdiction, not to exceed 30 hours, or a current and unrestricted Certificate of Clinical Competence in the area in which he seeks licensure issued by ASHA or certification issued by the American Board of Audiology or any other accrediting body recognized by the board. Verification of currency shall be in the form of a certified letter from a recognized accrediting body issued within six months prior to filing an application for licensure;

2. Passage of the qualifying examination from an accrediting body recognized by the board;

3. Current status of licensure in any other United States jurisdiction showing that the license is current and unrestricted or if lapsed, is eligible for reinstatement and that no disciplinary action is pending or unresolved. The board may deny a request for licensure to any applicant who has been determined to have committed an act in violation of 18VAC30-21-160; and

4. Evidence of active practice in another United States jurisdiction for at least one of the past three years or practice for six months with a provisional license in accordance with 18VAC30-21-70 and by providing evidence of a recommendation for licensure by his

supervisor. An applicant who graduated from an accredited program in audiology or speech-language pathology within 12 months immediately preceding application may be issued a license without evidence of active practice.



DRAFT

Virginia's Audiologist Workforce: 2018

Healthcare Workforce Data Center

February 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: *HWDC@dhp.virginia.gov*

Follow us on Tumblr: *www.vahwdc.tumblr.com*
Get a copy of this report from: *https://www.dhp.virginia.gov/hwdc/findings.htm*

More than 400 Audiologists voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Audiology & Speech-Language Pathology express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD
Director

Yetty Shobo, PhD
Deputy Director

Laura Jackson, MSHSA
Operations Manager

Christopher Coyle
Research Assistant

The Board of Audiology & Speech-Language Pathology

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Charlottesville

Executive Director

Leslie L. Knachel

Contents

The Audiologist Workforce: At a Glance:

The Workforce	
Licensees:	534
Virginia's Workforce:	418
FTEs:	347

Survey Response Rate	
All Licensees:	85%
Renewing Practitioners:	93%

Demographics	
Female:	89%
Diversity Index:	15%
Median Age:	46

Background	
Rural Childhood:	27%
HS Degree in VA:	36%
Prof. Degree in VA:	33%

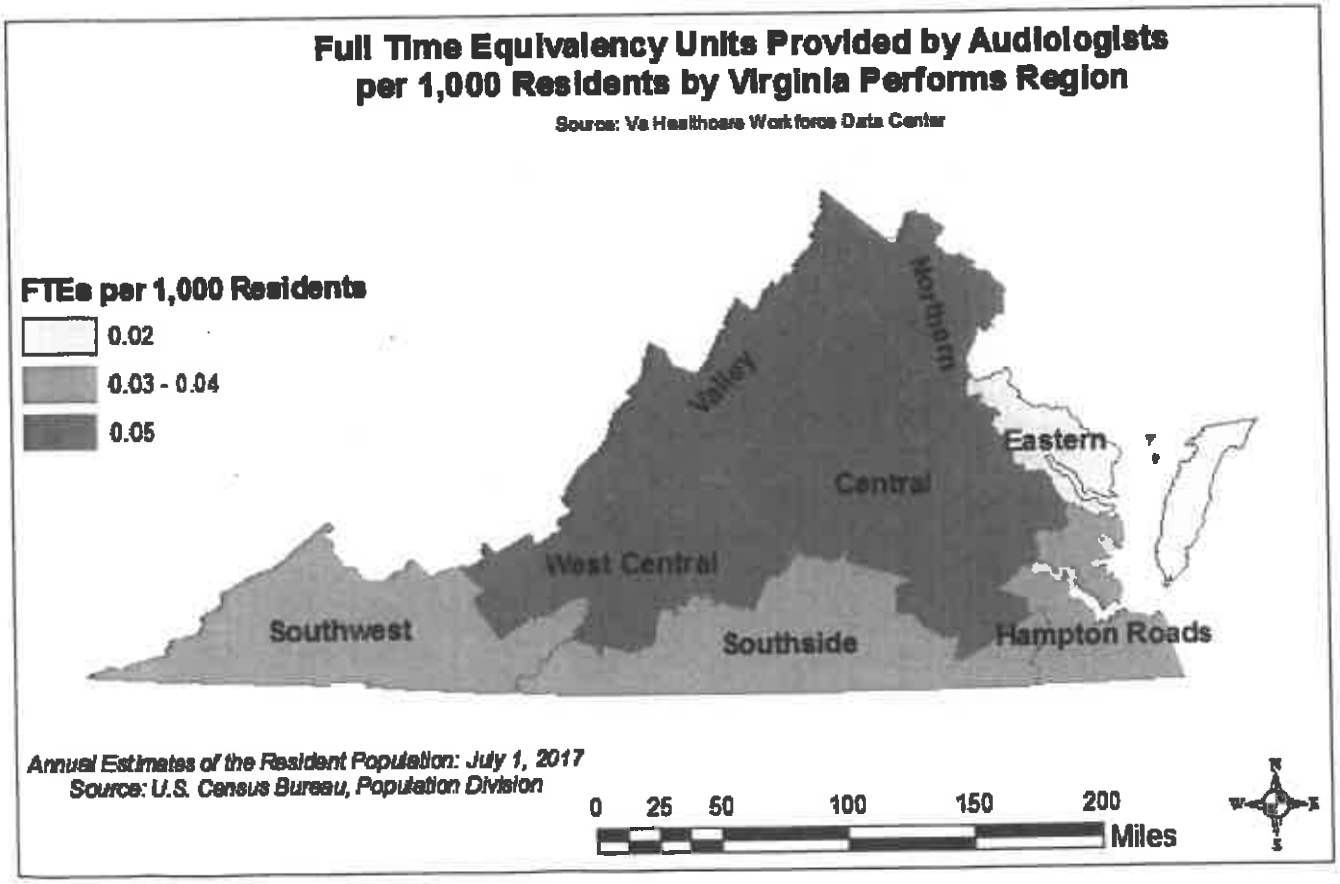
Education	
AuD:	69%
Masters:	22%

Finances	
Median Income:	$70k-$80k
Health Benefits:	58%
Under 40 w/ Ed Debt:	57%

Current Employment	
Employed in Prof.:	95%
Hold 1 Full-time Job:	76%
Satisfied?:	97%

Job Turnover	
Switched Jobs in 2018:	3%
Employed Over 2 Yrs:	73%

Primary Roles	
Patient Care:	81%
Administration:	4%
Non-Clinical Edu.:	2%



Results in Brief

More than 400 audiologists voluntarily took part in the 2018 Audiologist Workforce Survey. These survey respondents represent 85% of the 534 audiologists who are licensed in the state and 93% of renewing practitioners. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process. In the past, this license renewal process has taken place every December for audiologists. However, this process will change in 2019; so all future surveys will be administered in June. Therefore, the next audiologist survey will not be conducted until June of 2020.

The HWDC estimates that 418 audiologists participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an audiologist at some point in the future. In 2018, Virginia's audiologist workforce provided 347 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year.

Nearly 90% of Virginia's audiology workforce is female, including 94% of those audiologists who are under the age of 40. In total, more than one-third of all audiologists are under the age of 40. Meanwhile, the diversity index of Virginia's audiologist workforce is only 15%, which is well below the 56% diversity index for Virginia's population as a whole. More than one-quarter of all audiologists grew up in a rural area, and 15% of these professionals currently work in non-metro areas of Virginia. In total, 6% of Virginia's audiologists currently work in non-metro areas of the state.

More than 90% of all audiologists are currently employed in the profession. In addition, more than three out of every four audiologists hold one full-time job, and 56% work between 40 and 49 hours per week. The typical audiologist earns between $70,000 and $80,000 per year. In addition, 82% of audiologists receive at least one employer-sponsored benefit, including 58% who have access to health insurance. Two-thirds of all audiologists work in the for-profit sector, and nearly one-quarter are employed at group private practices, the most of any establishment type in the state. At their primary work location, the typical audiologist treats between 30 and 39 patients per week.

Summary of Trends

Since 2014, the total number of Virginia's licensed audiologists has increased by 3% (534 vs. 516). However, the size of Virginia's audiologist workforce has remained nearly constant (418 vs. 417), and the number of FTEs provided by this workforce has actually decreased (347 vs. 363). At the same time, the survey response rate among Virginia's licensed audiologists has increased considerably over the past five years (85% vs. 72%).

While the percentage of Virginia's audiologists who are female has increased since 2014 (89% vs. 87%), the diversity index of this workforce has actually decreased (15% vs. 22%). This decline in diversity has been even more pronounced among those audiologists who are under the age of 40 (11% vs. 22%). At the same time, Virginia's audiologists are slightly less likely to have grown up in a rural area (27% vs. 28%), and these professionals with a rural childhood are less likely to currently work in a non-metro area of the state (15% vs. 19%).

Virginia's audiologists are more likely to have earned an AuD as their highest professional degree (69% vs. 63%), but they are also more likely to carry education debt as well (31% vs. 29%). In addition, the median debt burden among these professionals has increased considerably ($60,000-$70,000 vs. $30,000-$40,000). Meanwhile, audiologists are less likely to hold a CCC-A credential (70% vs. 77%) or have a specialization in hearing aids/devices (52% vs. 61%).

Audiologists are more likely to hold one full-time job (76% vs. 72%), and they are also more likely to work between 40 and 49 hours per week (56% vs. 52%). Their median annual income has increased ($70,000-$80,000 vs. $60,000-$70,000), and they are more likely to receive at least one employer-sponsored benefit (82% vs. 74%). Audiologists are less likely to work in the for-profit sector (67% vs. 69%) but more likely to work in the non-profit sector (14% vs. 10%). With respect to their future plans, Virginia's audiologists are now less likely to plan to increase their patient care hours (9% vs. 12%) or pursue additional educational opportunities (4% vs. 8%).

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	474	89%
New Licensees	29	5%
Non-Renewals	31	6%
All Licensees	**534**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. More than 90% of renewing audiologists submitted a survey. These represent 85% of audiologists who held a license at some point in 2018.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	21	40	66%
30 to 34	9	52	85%
35 to 39	5	47	90%
40 to 44	13	66	84%
45 to 49	6	58	91%
50 to 54	7	50	88%
55 to 59	6	62	91%
60 and Over	13	79	86%
Total	80	**454**	85%
New Licenses			
Issued in 2018	17	12	41%
Metro Status			
Non-Metro	6	28	82%
Metro	40	314	89%
Not in Virginia	34	112	77%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted in December 2018.
2. **Target Population:** All audiologists who held a Virginia license at some point in 2018.
3. **Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some audiologists newly licensed in 2018.

Response Rates	
Completed Surveys	454
Response Rate, All Licensees	85%
Response Rate, Renewals	93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Audiologists

Number:	534
New:	5%
Not Renewed:	6%

Survey Response Rates

All Licensees:	85%
Renewing Practitioners:	93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2018 Audiologist Workforce:	418
FTEs:	347

Utilization Ratios

Licensees in VA Workforce:	78%
Licensees per FTE:	1.54
Workers per FTE:	1.20

Source: Va. Healthcare Workforce Data Center

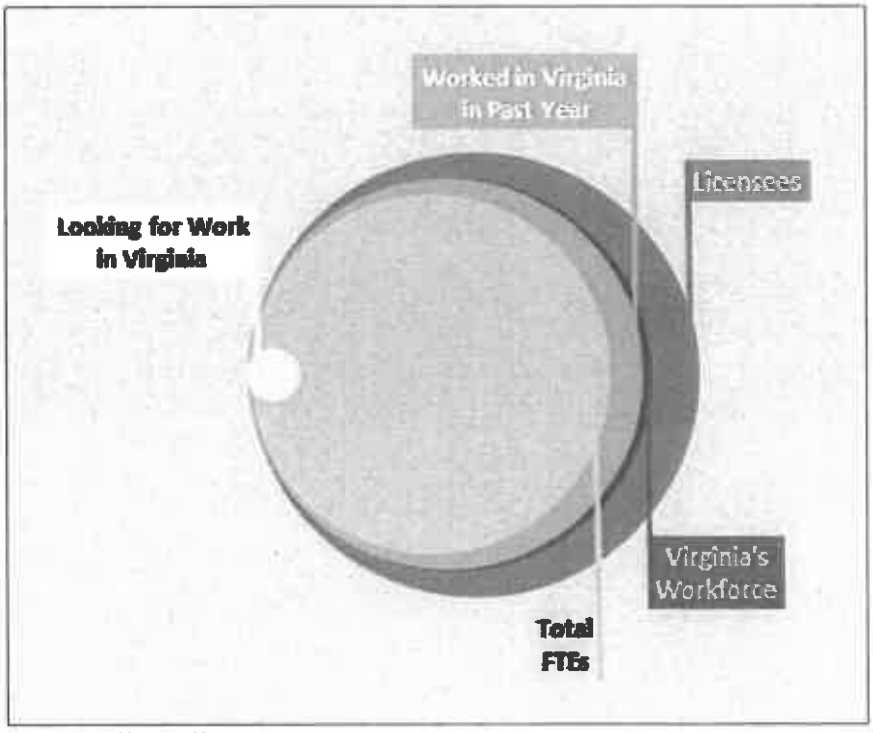
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's Audiologist Workforce		
Status	#	%
Worked in Virginia in Past Year	**411**	**98%**
Looking for Work in Virginia	**7**	**2%**
Virginia's Workforce	**418**	**100%**
Total FTEs	**347**	
Licensees	**534**	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	5	10%	44	91%	48	14%
30 to 34	3	6%	41	94%	43	13%
35 to 39	1	4%	27	96%	28	8%
40 to 44	2	5%	47	96%	49	14%
45 to 49	1	3%	37	97%	38	11%
50 to 54	10	25%	31	75%	41	12%
55 to 59	7	20%	29	80%	36	11%
60 +	10	18%	46	82%	56	16%
Total	39	12%	302	89%	341	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	89%
% Under 40 Female:	94%

Age

Median Age:	46
% Under 40:	35%
% 55+:	27%

Diversity

Diversity Index:	15%
Under 40 Div. Index:	11%

Source: Va. Healthcare Workforce Data Center

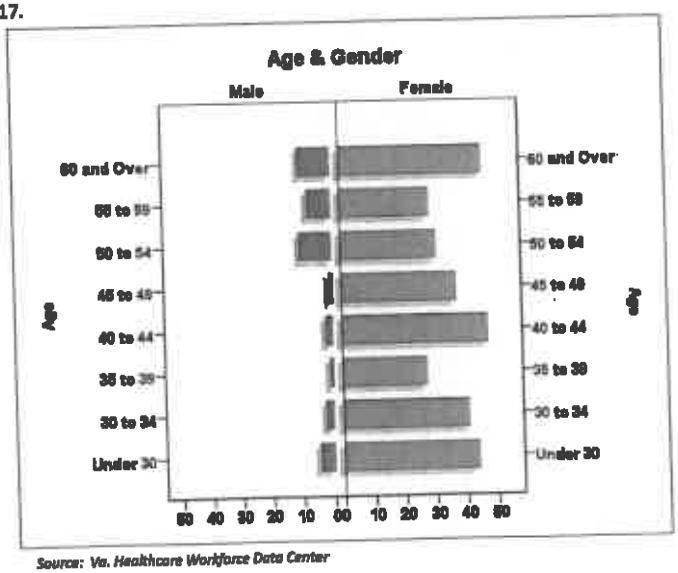
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Audiologists		Audiologists Under 40	
	%	#	%	#	%
White	63%	314	92%	113	94%
Black	19%	7	2%	0	0%
Asian	6%	7	2%	2	2%
Other Race	0%	4	1%	3	3%
Two or More Races	3%	4	1%	1	1%
Hispanic	9%	5	1%	1	1%
Total	100%	341	100%	120	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two audiologists, there is a 15% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 56%.

More than one-third of all audiologists are under the age of 40, and 94% of these professionals are female. In addition, audiologists who are under the age of 40 have a diversity index of 11%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	7%
Rural Childhood:	27%

Virginia Background

HS in Virginia:	36%
Prof. Education in VA:	33%
HS/Prof. Edu. in VA:	45%

Location Choice

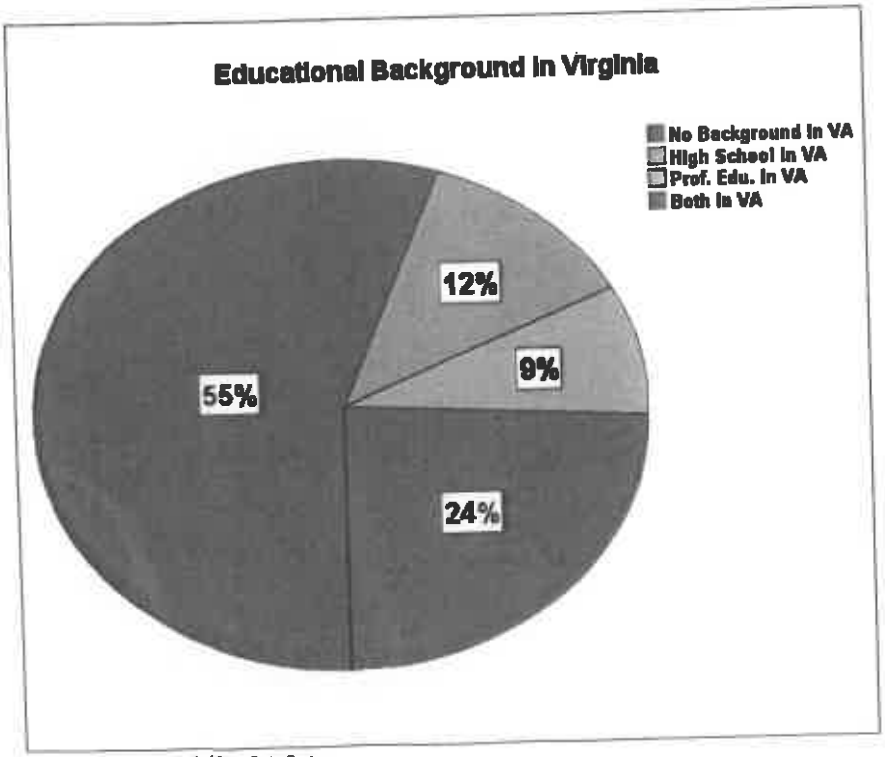
% Rural to Non-Metro:	15%
% Urban/Suburban to Non-Metro:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	22%	70%	8%
2	Metro, 250,000 to 1 Million	30%	70%	0%
3	Metro, 250,000 or Less	33%	63%	4%
	Non-Metro Counties			
4	Urban Pop 20,000+, Metro Adjacent	67%	33%	0%
6	Urban Pop, 2,500-19,999, Metro Adjacent	67%	0%	33%
7	Urban Pop, 2,500-19,999, Non-Adjacent	60%	40%	0%
8	Rural, Metro Adjacent	0%	0%	0%
9	Rural, Non-Adjacent	67%	33%	0%
	Overall	27%	67%	7%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one out of every four audiologists grew up in self-described rural areas, and 15% of these professionals currently work in non-metro counties. Overall, 6% of all audiologists currently work in non-metro counties.

Top Ten States for Audiologist Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	123	Virginia	109
2	Maryland	24	Tennessee	26
3	Pennsylvania	21	Washington, D.C.	24
4	New York	20	West Virginia	20
5	West Virginia	20	Maryland	16
6	Ohio	14	Ohio	14
7	Outside U.S./Canada	13	New York	12
8	Michigan	12	Florida	11
9	New Jersey	8	Pennsylvania	10
10	Illinois	8	North Carolina	10

Source: Va. Healthcare Workforce Data Center

More than one-third of all audiologists received their high school degree in Virginia, and 33% received their initial professional degree in the state.

Among audiologists who received their license in the past five years, one-quarter received their high school degree in Virginia, while 19% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	24	Virginia	17
2	Ohio	7	Washington, D.C.	9
3	Pennsylvania	7	Tennessee	8
4	Maryland	7	Pennsylvania	6
5	New York	5	West Virginia	5
6	Illinois	4	Ohio	5
7	New Jersey	4	Florida	5
8	West Virginia	4	Texas	4
9	Outside U.S./Canada	4	Indiana	3
10	Florida	3	Maryland	3

Source: Va. Healthcare Workforce Data Center

More than 20% of licensed audiologists did not participate in Virginia's workforce in 2018. Nearly 90% of these audiologists worked at some point in the past year, and 84% are currently employed as audiologists.

At a Glance:

Not in VA Workforce

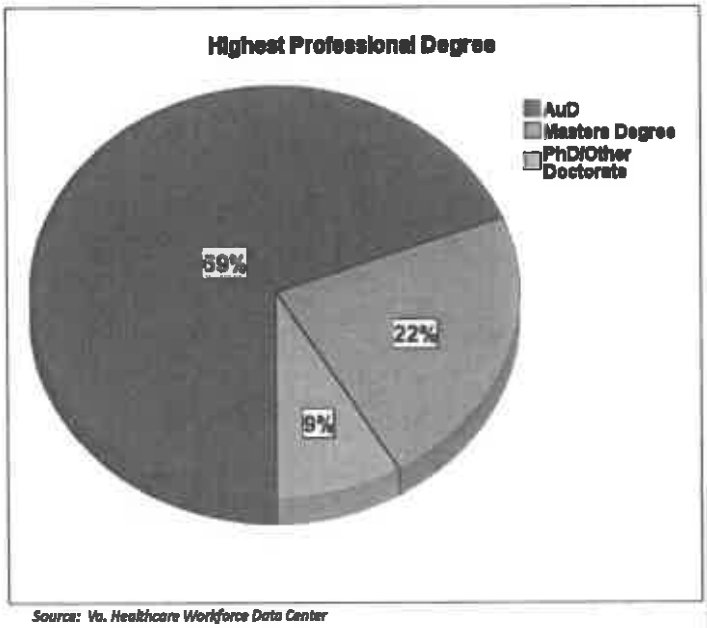
Total:	117
% of Licensees:	22%
Federal/Military:	16%
Va Border State/DC:	28%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Master's Degree	**75**	**22%**
AuD	**231**	**69%**
PhD	**27**	**8%**
Other Doctorate Degree	**1**	**0%**
Total	**334**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than 30% of audiologists currently have education debt, including 57% of those who are under the age of 40. For those with education debt, the median outstanding balance on their loans is between $60,000 and $70,000.

At a Glance:

Education

Doctor of Audiology: 69%
Master's Degree: 22%

Educational Debt

Carry Debt: 31%
Under Age 40 w/ Debt: 57%
Median Debt: $60k-$70k

Nearly 70% of all audiologists hold a Doctorate of Audiology (AuD) as their highest professional degree.

Educational Debt				
Amount Carried	All Audiologists		Audiologists Under 40	
	#	%	#	%
None	**210**	**69%**	**47**	**43%**
Less Than $10,000	**2**	**1%**	**0**	**0%**
$10,000-$19,999	**10**	**3%**	**3**	**3%**
$20,000-$29,999	**9**	**3%**	**2**	**2%**
$30,000-$39,999	**5**	**2%**	**4**	**4%**
$40,000-$49,999	**4**	**1%**	**4**	**4%**
$50,000-$59,999	**10**	**3%**	**9**	**8%**
$60,000-$69,999	**10**	**3%**	**7**	**6%**
$70,000-$79,999	**10**	**3%**	**8**	**7%**
$80,000-$89,999	**6**	**2%**	**6**	**6%**
$90,000-$99,999	**4**	**1%**	**1**	**1%**
$100,000 or More	**24**	**8%**	**16**	**15%**
Total	**304**	**100%**	**109**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Specialties

Hearing Aids/Devices:	52%
Geriatrics:	26%
Pediatrics:	24%

Top Credentials

CCC-A Audiology:	70%
Hearing Aid Disp. License:	56%
F-AAA Fellow:	32%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Self-Designated Specialties		
Specialty	#	% of Workforce
Hearing Aids/Devices	**216**	**52%**
Geriatrics	**107**	**26%**
Pediatrics	**102**	**24%**
Vestibular	**67**	**16%**
Educational	**45**	**11%**
Cochlear Implants	**35**	**8%**
Occupational Hearing Conservation	**34**	**8%**
Intraoperative Monitoring	**7**	**2%**
Other	**22**	**5%**
At Least One Specialty	**275**	**66%**

Source: Va. Healthcare Workforce Data Center

Credentials		
Credential	#	% of Workforce
CCC-A: Audiology	**292**	**70%**
Hearing Aid Dispenser License	**232**	**56%**
F-AAA Fellow	**134**	**32%**
ABA Certification	**13**	**3%**
CCC-SLP: Speech-Language Pathology	**7**	**2%**
PASC: Pediatric Audiology	**2**	**0%**
Other	**8**	**2%**
At Least One Credential	**334**	**80%**

Source: Va. Healthcare Workforce Data Center

Two-thirds of all audiologists have at least one self-designated specialty, while 80% have at least one credential as well.

At a Glance:

Employment

Employed in Profession: 95%
Involuntarily Unemployed: 0%

Positions Held

1 Full-time: 76%
2 or More Positions: 8%

Weekly Hours:

40 to 49: 56%
60 or More: 3%
Less Than 30: 10%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	1	< 1%
Employed in an Audiologist-Related Capacity	324	95%
Employed, NOT in an Audiologist-Related Capacity	6	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	0	0%
Voluntarily Unemployed	8	2%
Retired	3	1%
Total	342	100%

Source: Va. Healthcare Workforce Data Center

More than nine out of every ten audiologists are currently employed in the profession. More than three-quarters have one full-time job, and 56% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	11	3%
One Part-Time Position	42	13%
Two Part-Time Positions	10	3%
One Full-Time Position	257	76%
One Full-Time Position & One Part-Time Position	14	4%
Two Full-Time Positions	0	0%
More Than Two Positions	2	1%
Total	336	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	11	3%
1 to 9 Hours	2	1%
10 to 19 Hours	14	4%
20 to 29 Hours	18	5%
30 to 39 Hours	64	19%
40 to 49 Hours	187	56%
50 to 59 Hours	29	9%
60 to 69 Hours	7	2%
70 to 79 Hours	2	1%
80 or More Hours	1	0%
Total	335	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	3	1%
Less Than $20,000	4	1%
$20,000-$29,999	2	1%
$30,000-$39,999	7	3%
$40,000-$49,999	16	6%
$50,000-$59,999	27	10%
$60,000-$69,999	41	15%
$70,000-$79,999	40	15%
$80,000-$89,999	42	16%
$90,000-$99,999	39	15%
$100,000-$109,999	18	7%
$110,000-$119,999	8	3%
$120,000 or More	21	8%
Total	269	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Earnings
Median Income: $70k-80k

Benefits
Health Insurance: 58%
Retirement: 66%

Satisfaction
Satisfied: 97%
Very Satisfied: 72%

Job Satisfaction		
Level	#	%
Very Satisfied	234	72%
Somewhat Satisfied	83	26%
Somewhat Dissatisfied	9	3%
Very Dissatisfied	0	0%
Total	326	100%

Source: Va. Healthcare Workforce Data Center

The typical audiologist earns between $70,000 and $80,000 per year. In addition, 82% receive at least one employer-sponsored benefit, including 58% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	243	75%	81%
Paid Sick Leave	205	63%	67%
Retirement	213	66%	71%
Health Insurance	189	58%	64%
Dental Insurance	152	47%	55%
Group Life Insurance	109	34%	40%
Signing/Retention Bonus	13	4%	5%
At Least One Benefit	267	82%	88%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In The Past Year Did You . . .?	#	%
Experience Involuntary Unemployment?	1	< 1%
Experience Voluntary Unemployment?	11	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	9	2%
Work Two or More Positions at the Same Time?	32	8%
Switch Employers or Practices?	14	3%
Experienced At Least One	61	15%

Source: Va. Healthcare Workforce Data Center

Involuntary unemployment among Virginia's audiologists was less than 1% over the past year. For comparison, Virginia's average monthly unemployment rate was 3.0%.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	6	2%	4	6%
Less Than 6 Months	10	3%	5	7%
6 Months to 1 Year	16	5%	12	17%
1 to 2 Years	57	17%	10	14%
3 to 5 Years	74	23%	15	22%
6 to 10 Years	64	20%	12	17%
More Than 10 Years	100	31%	12	17%
Subtotal	326	100%	69	100%
Did Not Have Location	8		346	
Item Missing	84		2	
Total	418		418	

Source: Va. Healthcare Workforce Data Center

Nearly 70% of audiologists receive a salary or commission at their primary work location.

At a Glance:

Unemployment Experience

Involuntarily Unemployed:	< 1%
Underemployed:	2%

Turnover & Tenure

Switched:	3%
New Location:	13%
Over 2 Years:	73%
Over 2 Yrs, 2nd Location:	57%

Employment Type

Salary/Commission:	69%
Hourly Wage:	15%

Source: Va. Healthcare Workforce Data Center

Nearly three-quarters of audiologists have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	190	69%
Hourly Wage	41	15%
Business/Practice Income	34	12%
By Contract/Per Diem	9	3%
Unpaid	0	0%
Subtotal	275	100%

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fell from 3.7% in January 2018 to 2.6% in December 2018. The unemployment rate from December 2018 was still preliminary at the time of publication.

At a Glance:

Concentration

Top Region:	36%
Top 3 Regions:	72%
Lowest Region:	1%

Locations

2 or More (2018):	22%
2 or More (Now*):	20%

Source: Va. Healthcare Workforce Data Center

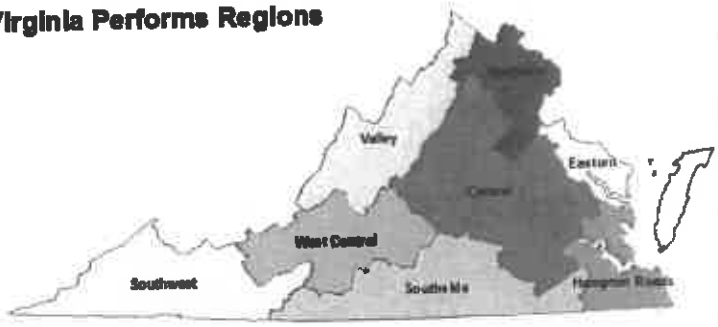
More than one-third of audiologists work in Northern Virginia, the most of any region in the state. Along with Central Virginia and Hampton Roads, these three regions account for 72% of all audiologists in the state.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	66	21%	9	13%
Eastern	3	1%	0	0%
Hampton Roads	51	16%	14	21%
Northern	115	36%	29	43%
Southside	11	3%	1	1%
Southwest	12	4%	4	6%
Valley	23	7%	8	12%
West Central	30	9%	0	0%
Virginia Border State/D.C.	7	2%	2	3%
Other US State	3	1%	0	0%
Outside of the US	0	0%	0	0%
Total	321	100%	67	100%
Item Missing	89		4	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Number of Work Locations				
Locations	Work Locations in 2018		Work Locations Now*	
	#	%	#	%
0	7	2%	11	3%
1	254	77%	256	77%
2	43	13%	38	11%
3	23	7%	23	7%
4	4	1%	3	1%
5	2	1%	2	1%
6 or More	0	0%	0	0%
Total	333	100%	333	100%

***At the time of survey completion, December 2018.**

Source: Va. Healthcare Workforce Data Center

One out of every five audiologists currently have multiple work locations, while 22% have had multiple work location over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	209	67%	52	75%
Non-Profit	43	14%	11	16%
State/Local Government	35	11%	4	6%
Veterans Administration	11	4%	2	3%
U.S. Military	10	3%	0	0%
Other Federal Gov't	3	1%	0	0%
Total	**311**	**100%**	**69**	**100%**
Did Not Have Location	8		346	
Item Missing	99		3	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

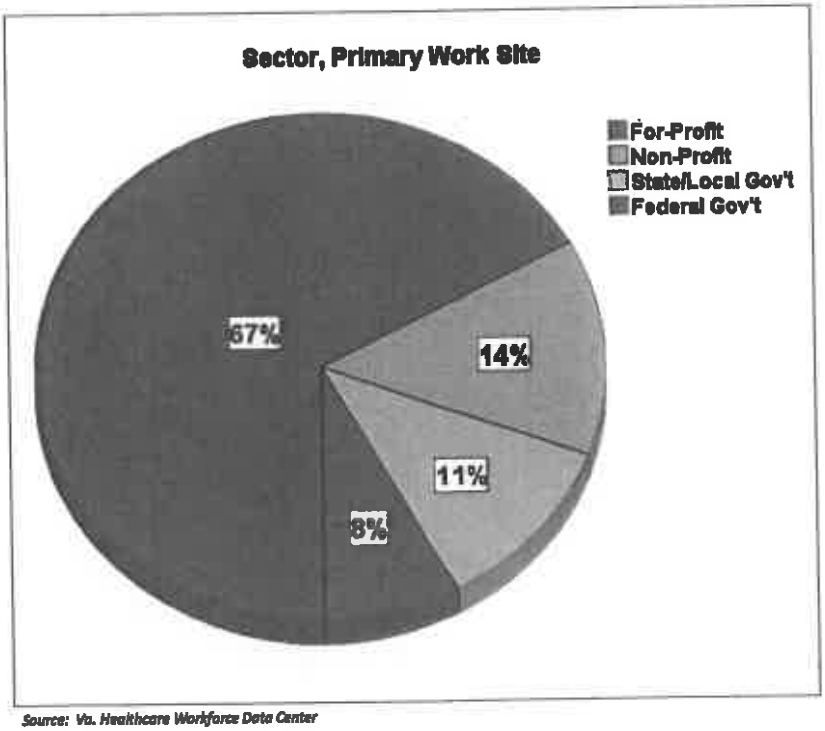
Sector

For Profit:	67%
Federal:	8%

Top Establishments

Private Practice (Group):	23%
Physician Office:	21%
Hospital (Outpatient):	19%

More than 80% of audiologists work in the private sector, including 67% who work at for-profit establishments. Another 8% of Virginia's audiologists work for the federal government.



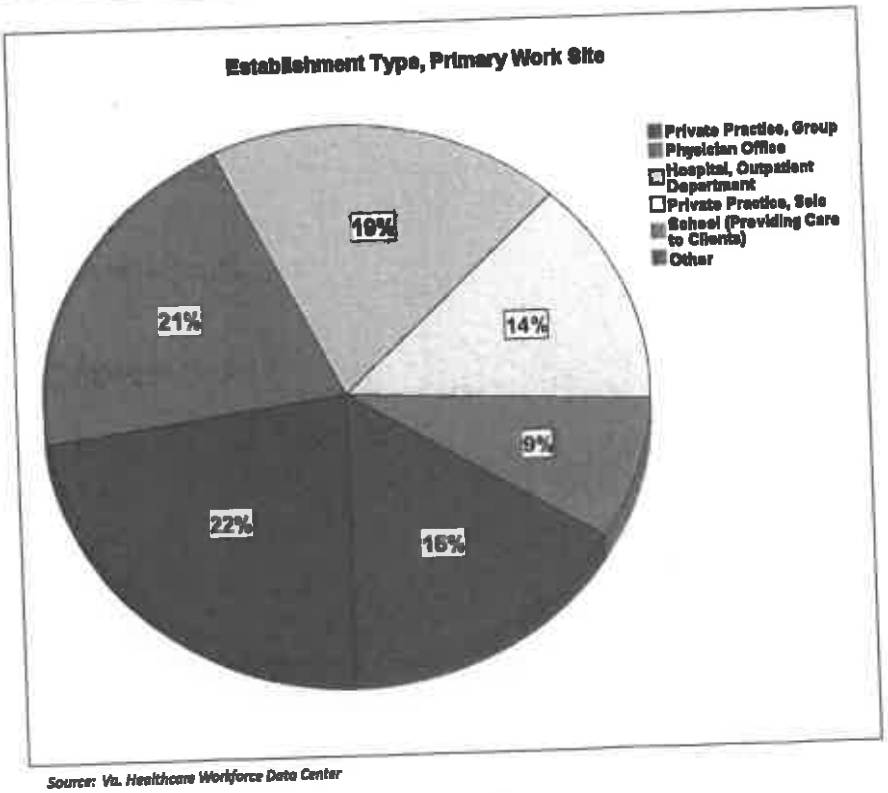
Source: Va. Healthcare Workforce Data Center

Top 10 Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	67	23%	24	36%
Physician Office	61	21%	14	21%
Hospital, Outpatient Department	57	19%	10	15%
Private Practice, Solo	40	14%	9	13%
School (Providing Care to Clients)	25	8%	1	1%
Community-Based Clinic or Health Center	12	4%	2	3%
Academic Institution (Teaching Health Professions Students or Research)	9	3%	5	7%
Administrative/Business Organization	2	1%	0	0%
Hospital, Inpatient Department	2	1%	0	0%
Rehabilitation Facility	2	1%	0	0%
Home Health Care	0	0%	1	1%
Other	18	6%	1	1%
Total	295	100%	67	100%
Did Not Have Location	8		346	

Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all audiologists work at group private practices, the most of any establishment type in the state. Another 21% work at physicians' offices.

Among those audiologists who also have a secondary work location, 36% work at group private practices and 21% work at physicians' offices.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

Client Care:	80%-89%
Administration:	10%-19%

Roles

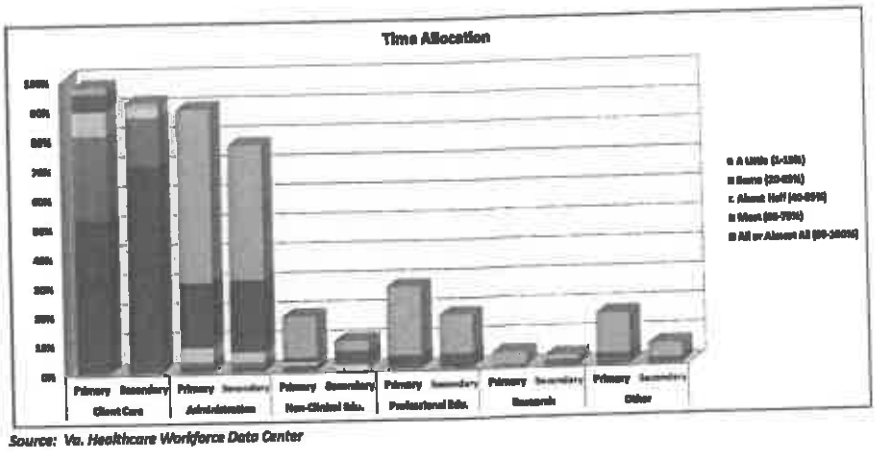
Patient Care:	81%
Administration:	4%
Non-Clinical Edu.:	2%

Patient Care Audiologists

Median Admin Time:	10%-19%
Ave. Admin Time:	10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

A typical audiologist spends most of her time in client care activities. In fact, 81% of audiologists fill a client care role, defined as spending at least 60% of their time in that activity.

Time Allocation												
Time Spent	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	52%	70%	2%	2%	1%	0%	0%	2%	0%	0%	1%	0%
Most (60-79%)	28%	16%	1%	2%	0%	0%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	8%	3%	5%	3%	1%	2%	0%	0%	0%	0%	0%	0%
Some (20-39%)	6%	0%	22%	25%	1%	5%	5%	3%	0%	2%	2%	2%
A Little (1-19%)	2%	2%	59%	46%	14%	3%	23%	13%	4%	2%	14%	5%
None (0%)	3%	8%	11%	23%	81%	90%	72%	82%	95%	97%	82%	93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Weekly Patient Totals
(Median)

Primary Location:	30-39
Secondary Location:	1-9
Total:	30-39

% with Group Sessions

Primary Location:	6%
Secondary Location:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Number of Clients	Weekly Client Totals					
	Primary Work Location		Secondary Work Location		Total[2]	
	#	%	#	%	#	%
None	17	5%	13	19%	16	5%
1-9	28	9%	26	38%	21	7%
10-19	36	12%	20	29%	35	11%
20-29	57	18%	8	12%	44	14%
30-39	71	23%	2	3%	78	25%
40-49	47	15%	0	0%	47	15%
50-59	21	7%	0	0%	30	9%
60-69	15	5%	0	0%	20	6%
70-79	9	3%	0	0%	14	4%
80 or More	12	4%	0	0%	12	4%
Total	313	100%	69	100%	317	100%

Source: Va. Healthcare Workforce Data Center

The typical audiologist treats between 30 and 39 clients per week at her primary work location. In addition, audiologists who also have a secondary work location treat an additional 1 to 9 patients per week.

Number of Sessions	Weekly Client Sessions							
	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
None	15	5%	287	94%	13	19%	64	97%
1-9	33	11%	17	6%	28	41%	2	3%
10-19	41	13%	1	0%	19	28%	0	0%
20-29	55	18%	0	0%	8	12%	0	0%
30-39	70	22%	0	0%	1	1%	0	0%
40-49	50	16%	0	0%	0	0%	0	0%
50-59	21	7%	0	0%	0	0%	0	0%
60-69	12	4%	0	0%	0	0%	0	0%
70-79	6	2%	0	0%	0	0%	0	0%
80 or More	10	3%	0	0%	0	0%	0	0%
Total	314	100%	305	100%	68	100%	66	100%

Source: Va. Healthcare Workforce Data Center

[2] This column estimates the total number of clients treated per week across both primary and secondary work locations.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
Under Age 50	3	1%	-	-
50 to 54	9	3%	1	1%
55 to 59	24	8%	5	4%
60 to 64	71	24%	16	14%
65 to 69	117	40%	50	44%
70 to 74	43	15%	24	21%
75 to 79	5	2%	2	2%
80 or Over	1	0%	1	1%
I Do Not Intend to Retire	20	7%	14	12%
Total	292	100%	113	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Audiologists
Under 65: 37%
Under 60: 12%
Audiologists 50 and Over
Under 65: 19%
Under 60: 5%

Time until Retirement

Within 2 Years: 4%
Within 10 Years: 18%
Half the Workforce: By 2043

More than one-third of all audiologists expect to retire by the age of 65. Among those audiologists who are age 50 or over, 19% still expect to retire by the age of 65.

Within the next two years, 9% of audiologists expect to increase their client care hours. In addition, 4% of audiologists also expect to pursue additional educational opportunities.

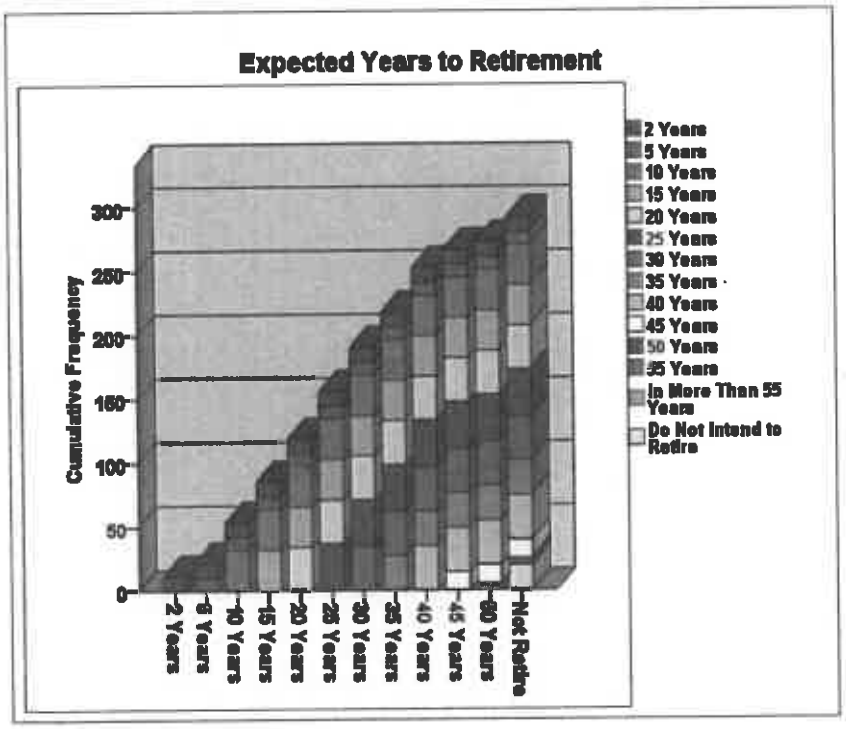
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	6	1%
Leave Virginia	12	3%
Decrease Client Care Hours	14	3%
Decrease Teaching Hours	0	0%
Increase Participation		
Increase Client Care Hours	37	9%
Increase Teaching Hours	12	3%
Pursue Additional Education	18	4%
Return to Virginia's Workforce	1	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for audiologists. Only 4% of audiologists expect to retire in the next two years, while 18% plan to retire in the next ten years. Half of the current audiology workforce expect to retire by 2043.

Time to Retirement			
Expect to Retire Within...	#	%	Cumulative %
2 Years	12	4%	4%
5 Years	10	3%	8%
10 Years	32	11%	18%
15 Years	32	11%	29%
20 Years	34	12%	41%
25 Years	37	13%	54%
30 Years	34	12%	65%
35 Years	27	9%	75%
40 Years	35	12%	87%
45 Years	14	5%	91%
50 Years	6	2%	93%
55 Years	0	0%	93%
In More Than 55 Years	0	0%	93%
Do Not Intend to Retire	20	7%	100%
Total	292	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years starting in 2028. Retirement will peak at 13% of the current workforce around 2043 before declining to under 10% of the current workforce again around 2063.

At a Glance:

FTEs

Total:	347
FTEs/1,000 Residents[3]:	0.041
Average:	0.85

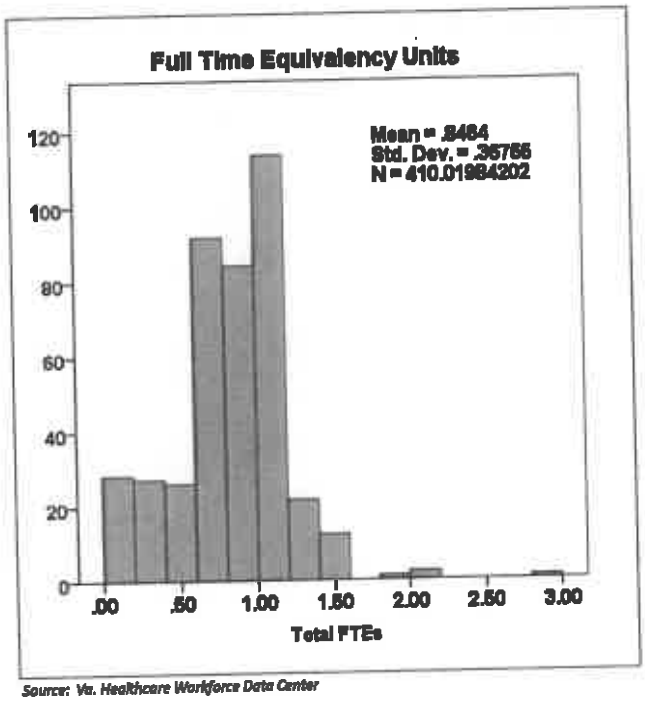
Age & Gender Effect

Age, Partial Eta[3]:	Small
Gender, Partial Eta[3]:	Negligible

Partial Eta[3] Explained:
Partial Eta[3] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

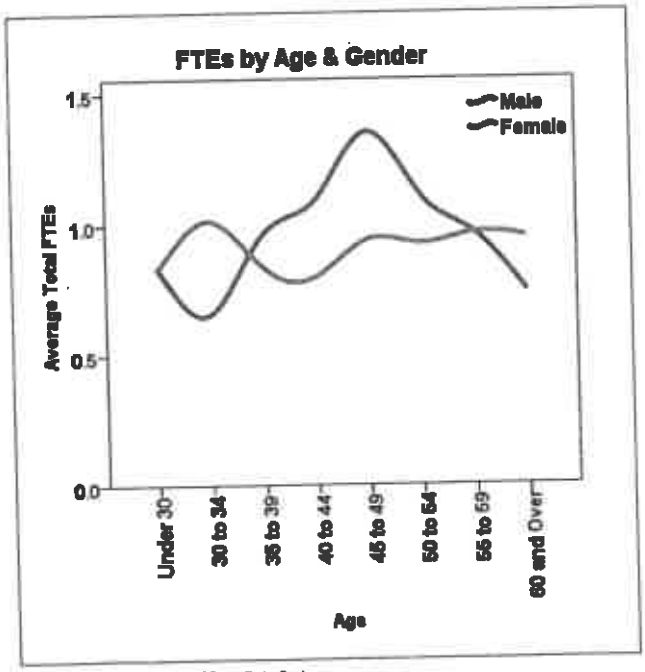


Source: Va. Healthcare Workforce Data Center

The typical audiologist provided 0.87 FTEs in 2018, or about 35 hours per week for 50 weeks. Statistical tests did not indicate that FTEs vary by age or gender.

Full-Time Equivalency Units	Average	Median
Age		
Under 30	0.82	0.84
30 to 34	0.96	0.94
35 to 39	0.84	0.83
40 to 44	0.69	0.76
45 to 49	0.92	0.85
50 to 54	0.94	0.93
55 to 59	0.91	0.80
60 and Over	0.75	0.93
Gender		
Male	0.93	1.05
Female	0.90	0.94

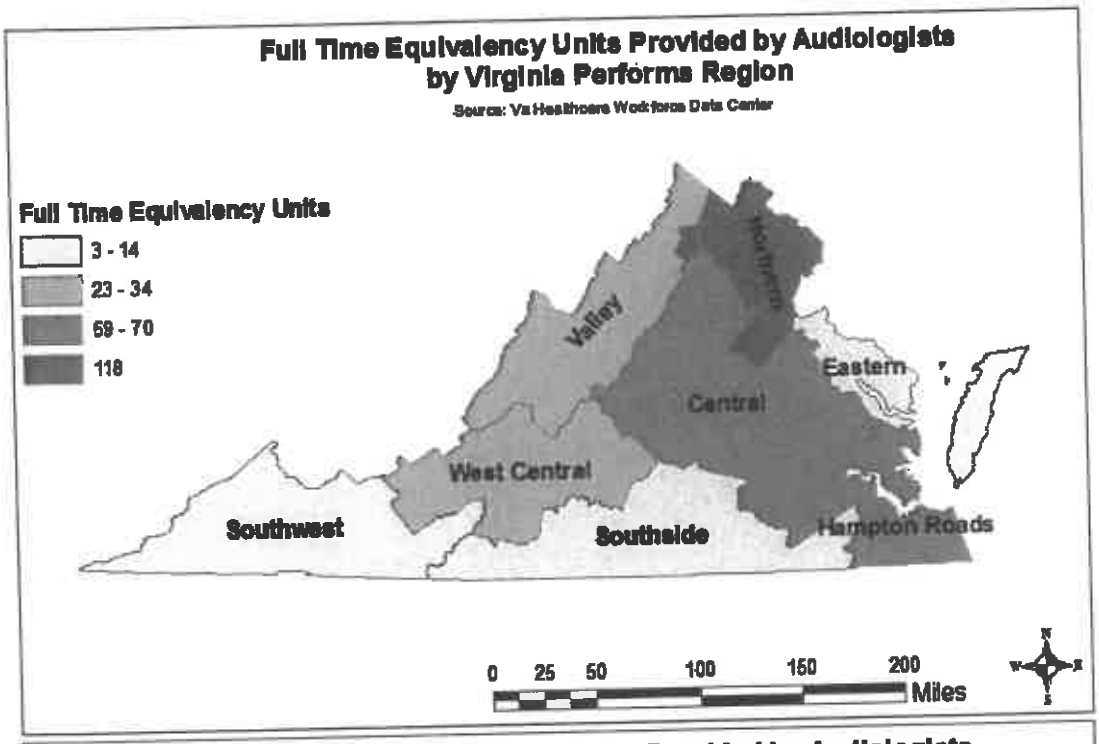
Source: Va. Healthcare Workforce Data Center

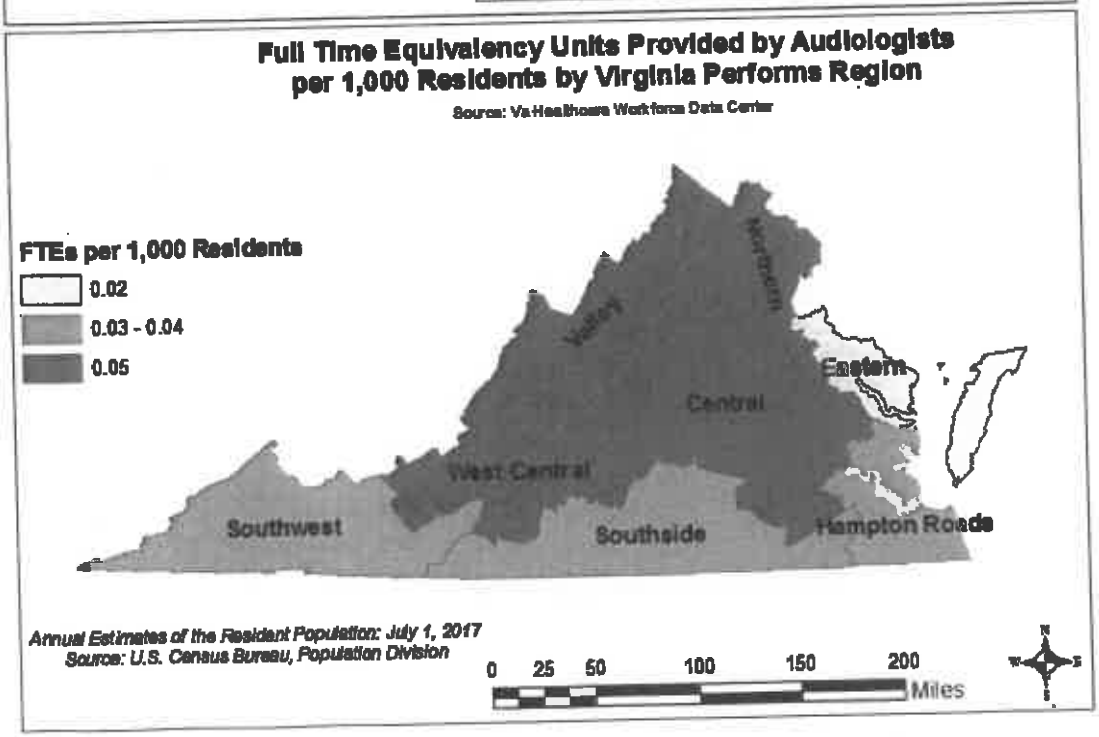


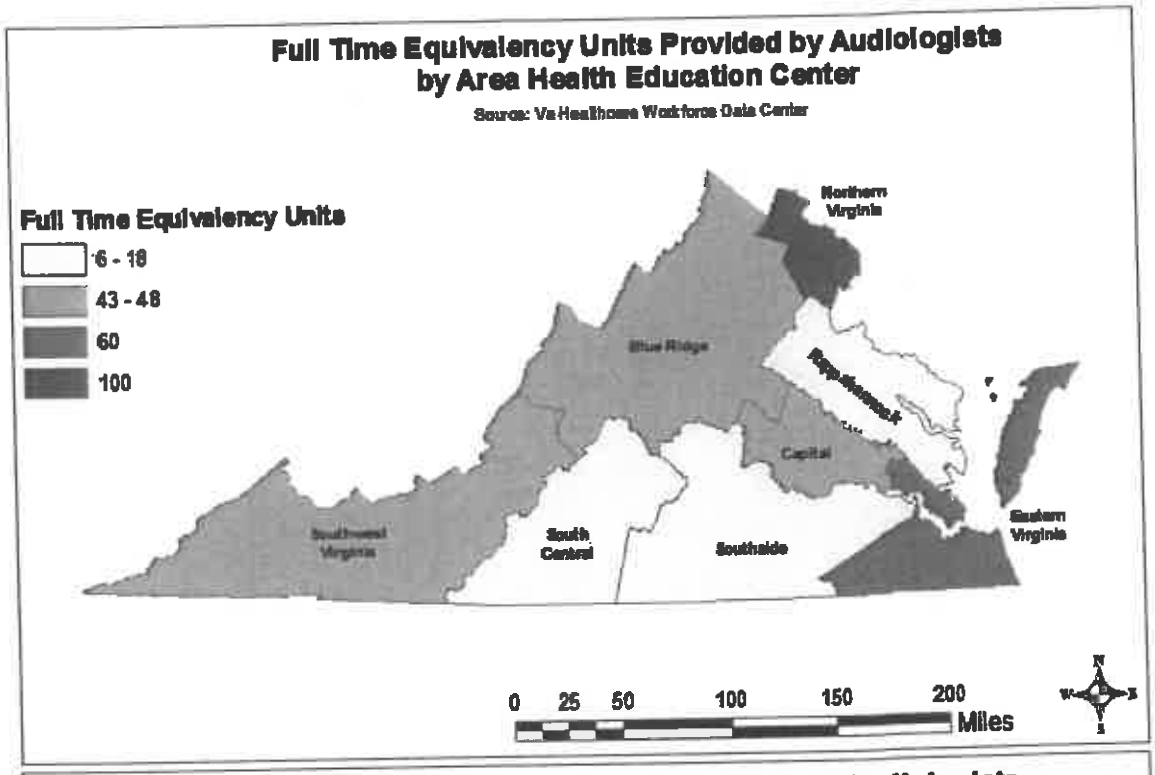
Source: Va. Healthcare Workforce Data Center

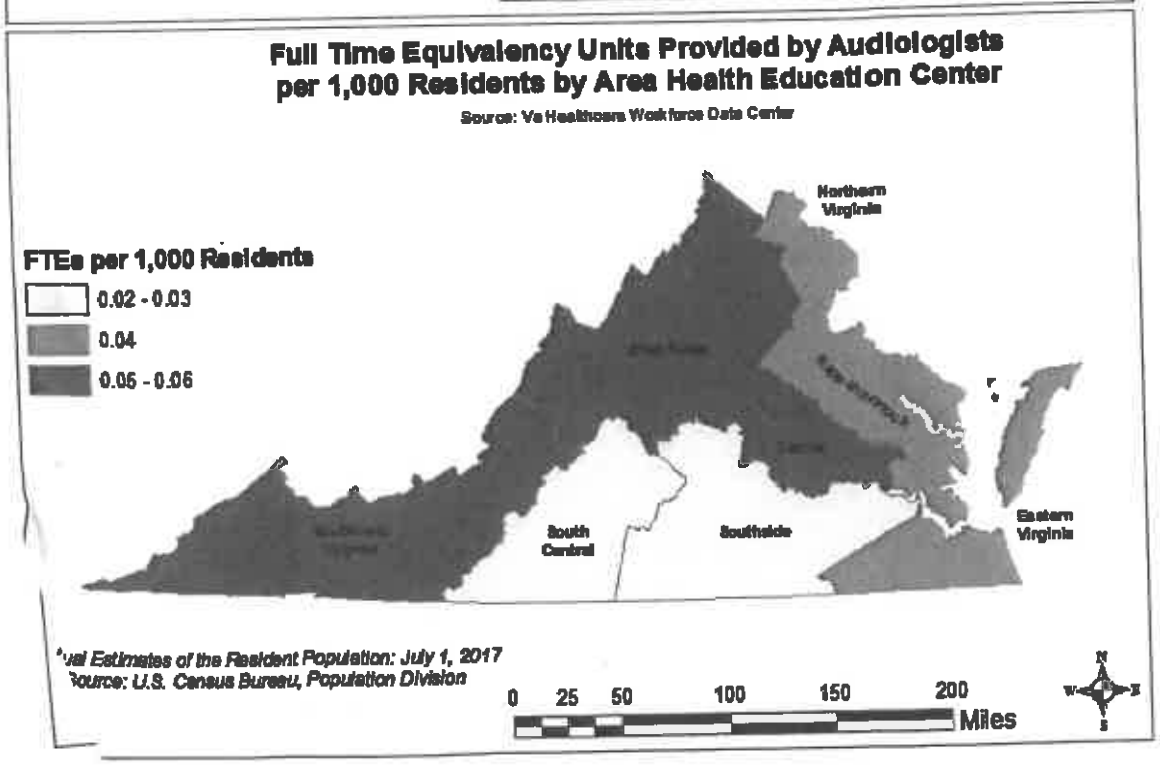
[3] Number of residents in 2017 was used as the denominator.

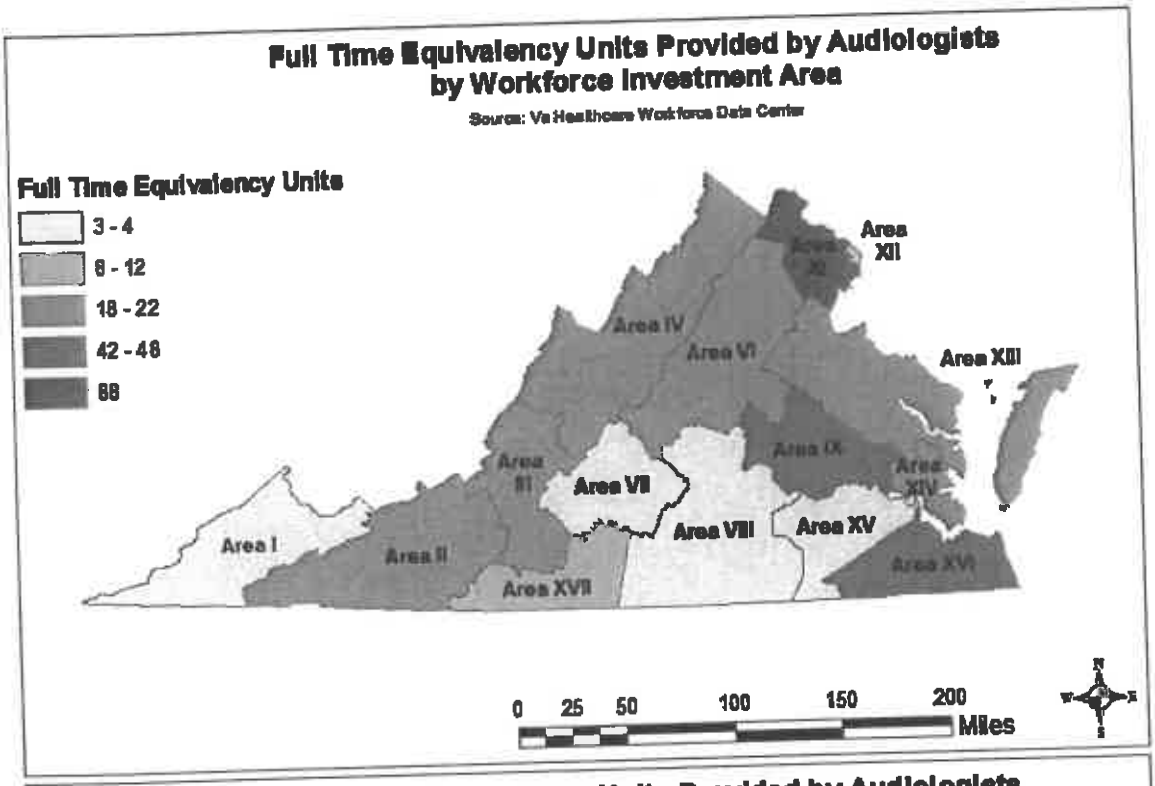
Virginia Performs Regions

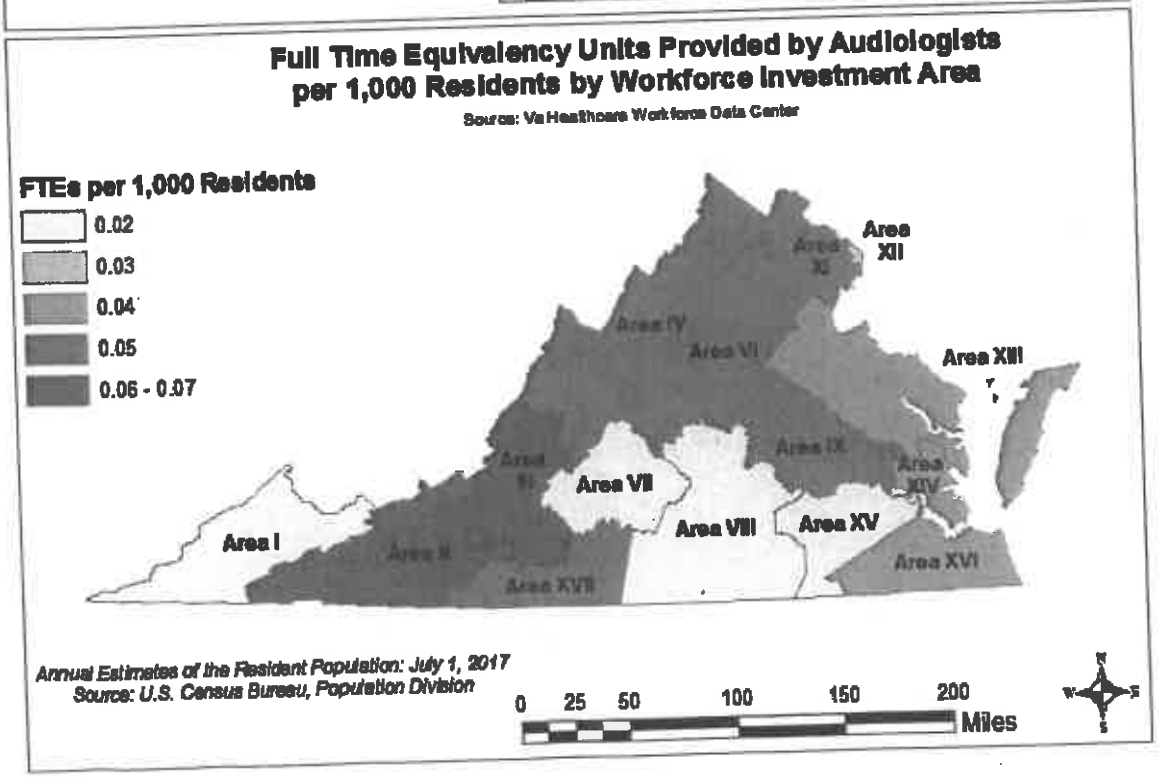


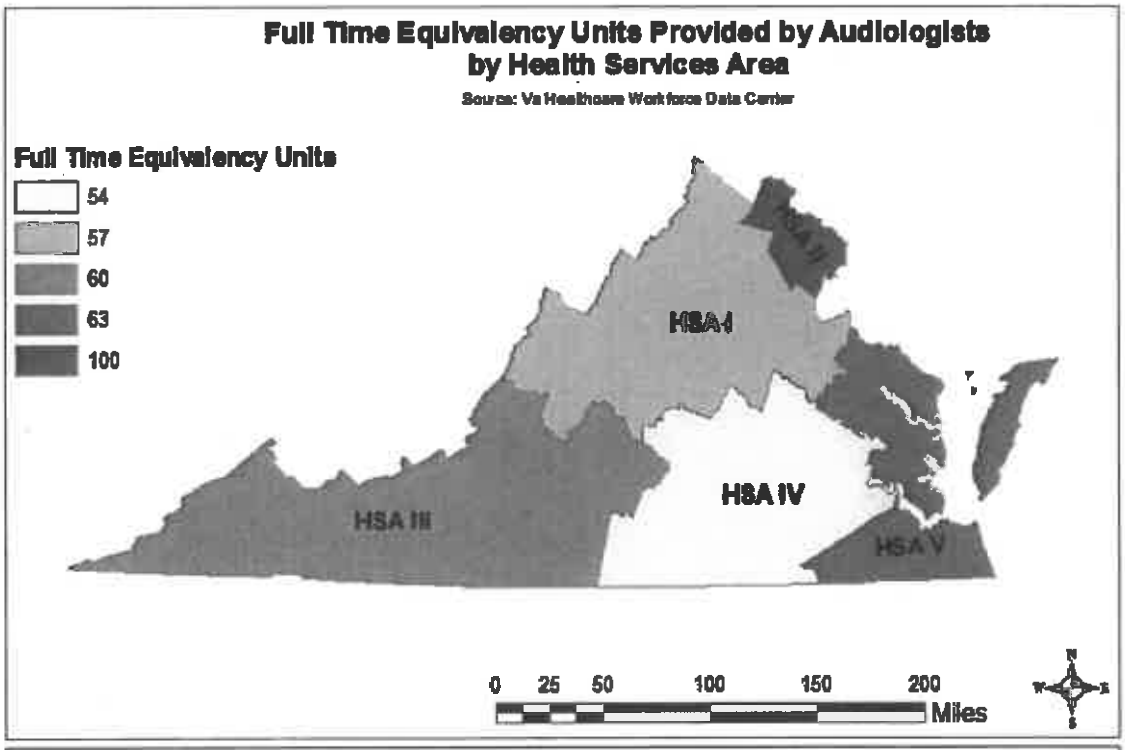


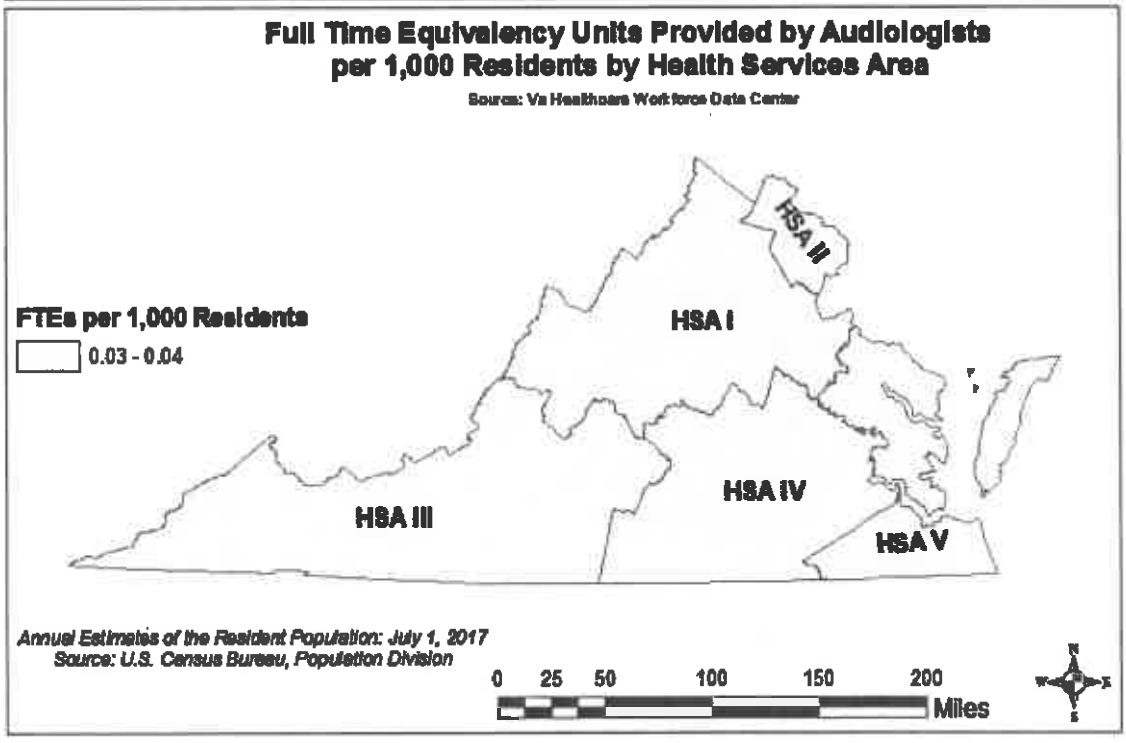

Full Time Equivalency Units Provided by Audiologists
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
6 - 18
43 - 48
60
100
Northern Virginia
Blue Ridge
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
0 25 50 100 150 200
Miles
N
W
E
S

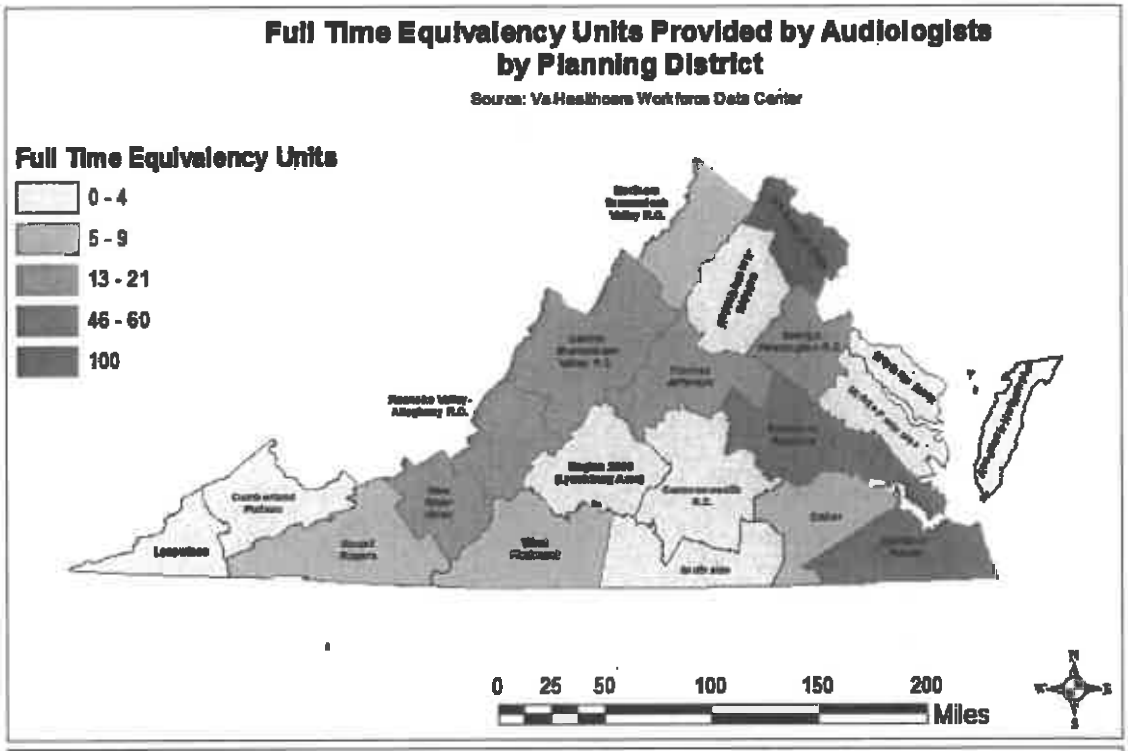

Full Time Equivalency Units Provided by Audiologists
per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.02 - 0.03
0.04
0.05 - 0.06
Northern Virginia
Eastern Virginia
South Central
Southside
ual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

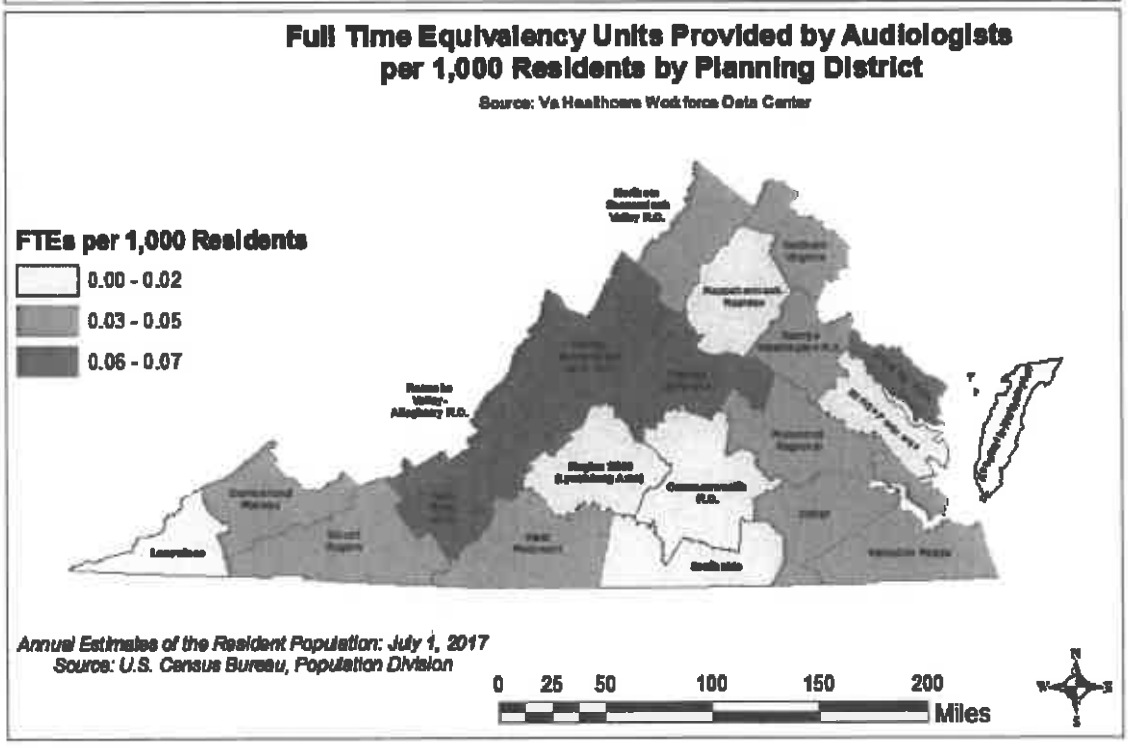

Full Time Equivalency Units Provided by Audiologists
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
3 - 4
8 - 12
18 - 22
42 - 48
88
Area I
Area II
Area IV
Area VI
Area VII
Area VIII
Area XII
Area XIII
Area XV
Area XVII
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Audiologists
per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.02
0.03
0.04
0.05
0.06 - 0.07
Area I
Area VII
Area VIII
Area XII
Area XIII
Area XV
Area XVI
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Audiologists
by Health Services Area
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
54
57
60
63
100
HSA I
HSA II
HSA III
HSA IV
HSA V
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Audiologists
per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.03 - 0.04
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Audiologists by Planning District
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
0 - 4
5 - 9
13 - 21
46 - 60
100
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Audiologists per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.00 - 0.02
0.03 - 0.05
0.06 - 0.07
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

Weights

Rural Status	Location Weight #	Location Weight Rate	Location Weight Weight	Total Weight Min	Total Weight Max
Metro, 1 Million+	264	90.91%	1.1	1.02571	1.42619
Metro, 250,000 to 1 Million	34	73.53%	1.36	1.26815	1.76329
Metro, 250,000 or Less	56	87.50%	1.142857	1.06567	1.48176
Urban Pop 20,000+, Metro Adj	9	33.33%	3	2.8219	2.90764
Urban Pop 20,000+, Non-Adj	0	NA	NA	NA	NA
Urban Pop, 2,500-19,999, Metro Adj	11	100.00%	1	0.93246	1.01765
Urban Pop, 2,500-19,999, Non-Adj	8	100.00%	1	0.93246	1.01765
Rural, Metro Adj	4	100.00%	1	0.94063	1.01765
Rural, Non-Adj	2	100.00%	1	0.99009	1.01765
Virginia Border State/DC	98	77.55%	1.289474	1.20239	1.67185
Other US State	48	75.00%	1.333333	1.24329	1.72871

Source: Va. Healthcare Workforce Data Center

Age	Age Weight #	Age Weight Rate	Age Weight Weight	Total Weight Min	Total Weight Max
Under 30	61	65.57%	1.525	1.42619	1.76329
30 to 34	61	85.25%	1.173077	0.99734	1.35638
35 to 39	52	90.38%	1.106383	0.94063	2.8219
40 to 44	79	83.54%	1.19697	1.01765	1.384
45 to 49	64	90.63%	1.103448	1.03195	1.27587
50 to 54	57	87.72%	1.14	0.96921	2.90764
55 to 59	68	91.18%	1.096774	0.93246	1.26815
60 and Over	92	85.87%	1.164557	0.99009	1.34652

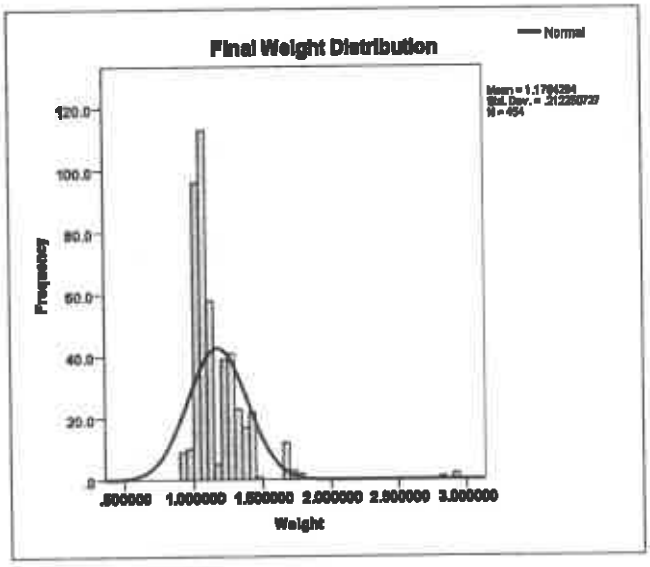
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods:
www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight

Overall Response Rate: 0.850187



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Speech-Language Pathology Workforce: 2018

Healthcare Workforce Data Center

February 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Henrico, VA 23233
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Get a copy of this report from: *https://www.dhp.virginia.gov/hwdc/findings.htm*

More than 3,600 Speech-Language Pathologists voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Audiology & Speech-Language Pathology express our sincerest appreciation for your ongoing cooperation.*

Thank You!

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Contents

The Speech-Language Pathology Workforce: At a Glance:

The Workforce	
Licensees:	4,457
Virginia's Workforce:	3,850
FTEs:	2,867

Survey Response Rate	
All Licensees:	82%
Renewing Practitioners:	92%

Demographics	
Female:	97%
Diversity Index:	24%
Median Age:	40

Background	
Rural Childhood:	29%
HS Degree in VA:	43%
Prof. Degree in VA:	44%

Education	
Masters:	98%
Doctorate:	2%

Finances	
Median Inc.:	$60k-$70k
Health Benefits:	57%
Under 40 w/ Ed Debt:	55%

Current Employment	
Employed in Prof.:	94%
Hold 1 Full-Time Job:	58%
Satisfied?:	95%

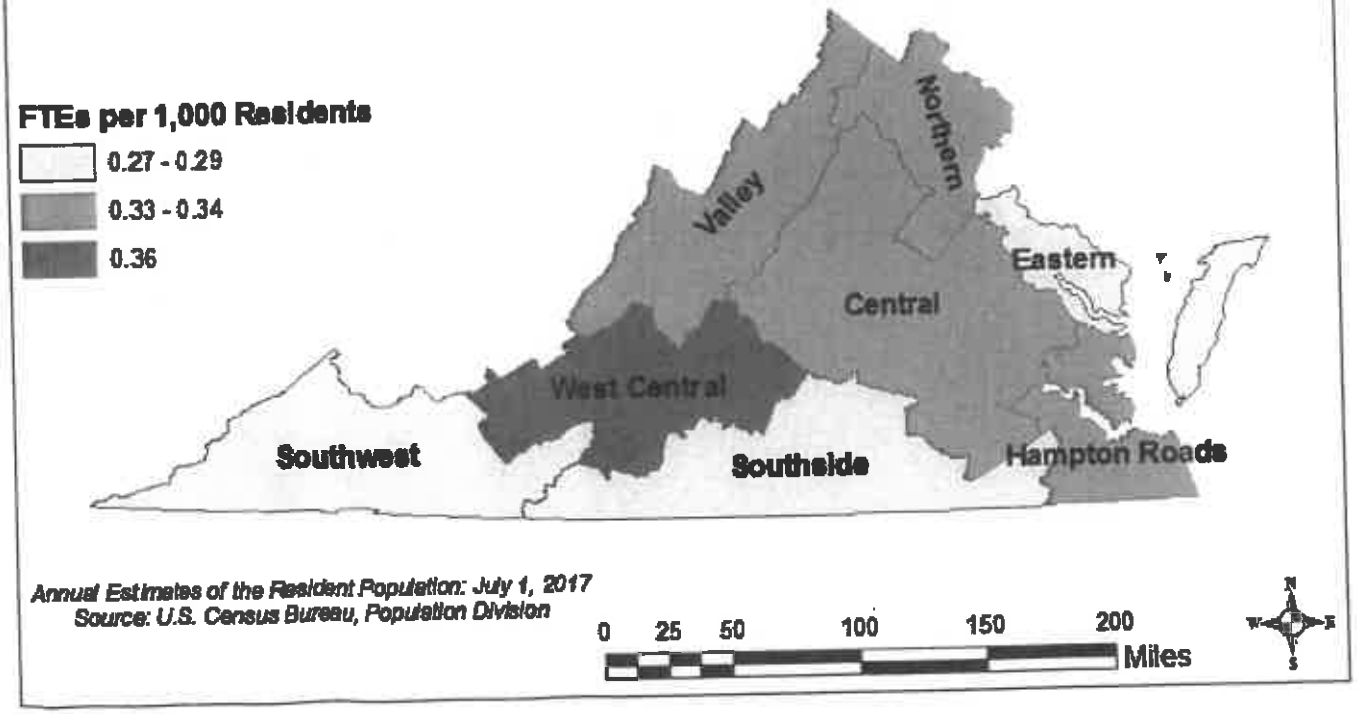
Job Turnover	
Switched Jobs in 2018:	7%
Employed Over 2 Yrs:	65%

Time Allocation	
Client Care:	70%-79%
Administration:	10%-19%
Client Care Role:	77%

Source: Va. Healthcare Workforce Data Center

Full Time Equivalency Units Provided by Speech-Language Pathologists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center



Results in Brief

More than 3,600 speech-language pathologists (SLPs) voluntarily took part in the 2018 Speech-Language Pathologist Workforce Survey. These survey respondents represent 82% of the 4,457 SLPs who are licensed in the state and 92% of renewing practitioners. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process. In the past, this license renewal process has taken place every December for SLPs. However, this process will change in 2019 so that all future surveys will be administered in June. The next SLP survey will be conducted in June 2020.

The HWDC estimates that 3,850 SLPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a SLP at some point in the future. In 2018, Virginia's SLP workforce provided 2,867 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year.

Nearly all SLPs are female, and the median age of Virginia's SLP workforce is 40. In a random encounter between two SLPs, there is a 24% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's SLP workforce less diverse than the state's overall population, which has a diversity index of 56%. Nearly 30% of all SLPs grew up in a rural area, and 22% of these professionals currently work in non-metro areas of the state. In total, 9% of all SLPs work in non-metro areas of Virginia.

More than nine out of every ten SLPs are currently employed in the profession. In addition, only 1% of SLPs have been involuntarily unemployed over the past year, while 2% of SLPs have been underemployed. Nearly 60% of SLPs have one full-time job, and 42% work between 40 and 49 hours per week. Nearly 40% of SLPs work in schools, and another 9% work at group private practices. The median annual income of Virginia's SLP workforce is between $60,000 and $70,000. In addition, three-quarters of Virginia's SLPs receive at least one employer-sponsored benefit, including 57% who have access to health insurance. Over the next two years, 12% of Virginia's SLP workforce expect to pursue additional educational opportunities, and 9% expect to increase their patient care hours.

Summary of Trends

Since 2014, the number of licensed SLPs has increased by 17% (4,457 vs. 3,821). In addition, the percentage of licensees who have responded to the SLP survey has also increased considerably (82% vs. 74%). At the same time, the size of Virginia's SLP workforce has increased by 16% (3,850 vs. 3,306), and the number of FTEs provided by this workforce has increased by 18% (2,867 vs. 2,434).

Over the past five years, fewer SLPs have reported education debt (38% vs. 41%). This is also the case among SLPs who are under the age of 40 (55% vs. 64%). However, the median debt burden among those SLPs with educational debt has increased ($40,000-$50,000 vs. $30,000-$40,000). SLPs are less likely to have at least one self-designated specialty (63% vs. 69%) or one credential (81% vs. 89%) relative to 2014.

The median annual income of Virginia's SLPs has increased since 2014 ($60,000-$70,000 vs. $50,000-$60,000). This income is more likely to be received in the form of a salary or commission (55% vs. 51%) and less likely to be received as an hourly wage (34% vs. 37%). In addition, more SLPs receive at least one employer-sponsored benefit (75% vs. 72%). This includes those who have access to health insurance (57% vs. 54%) or a retirement plan (61% vs. 54%).

SLPs are more likely to remain at their primary work location for at least two years (65% vs. 59%). In addition, more SLPs are working in Northern Virginia (36% vs. 32%) while relatively fewer SLPs are employed in Central Virginia (20% vs. 21%). At the same time, fewer SLPs are employed in the for-profit sector (39% vs. 43%). Instead, more SLPs are now working in the non-profit sector (22% vs. 20%). With respect to establishment types, SLPs are more likely to work in schools providing care to clients (39% vs. 35%) but less likely to work in skilled nursing facilities (8% vs. 13%). As for future plans, fewer SLPs expect to pursue additional educational opportunities (12% vs. 16%) or to increase their patient care hours (9% vs. 13%).

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	3,907	88%
New Licensees	225	5%
Non-Renewals	325	7%
All Licensees	4,457	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. More than 90% of renewing SLPs submitted a survey. These represent 82% of SLPs who held a license at some point in 2018.

Definitions

1. **The Survey Period:** The survey was conducted in December 2018.
2. **Target Population:** All SLPs who held a Virginia license at some point in 2018.
3. **Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some SLPs newly licensed in 2018.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	265	433	62%
30 to 34	134	616	82%
35 to 39	91	549	86%
40 to 44	67	518	89%
45 to 49	51	487	91%
50 to 54	42	319	88%
55 to 59	36	287	89%
60 and Over	97	465	83%
Total	783	3,674	82%
New Licenses			
Issued in 2018	153	72	32%
Metro Status			
Non-Metro	37	291	89%
Metro	511	2,788	85%
Not in Virginia	235	595	72%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,674
Response Rate, All Licensees	82%
Response Rate, Renewals	92%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed SLPs

Number:	4,457
New:	5%
Not Renewed:	7%

Survey Response Rates

All Licensees:	82%
Renewing Practitioners:	92%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2018 SLP Workforce:	3,850
FTEs:	2,867

Utilization Ratios

Licensees in VA Workforce:	86%
Licensees per FTE:	1.55
Workers per FTE:	1.34

Source: Va. Healthcare Workforce Data Center

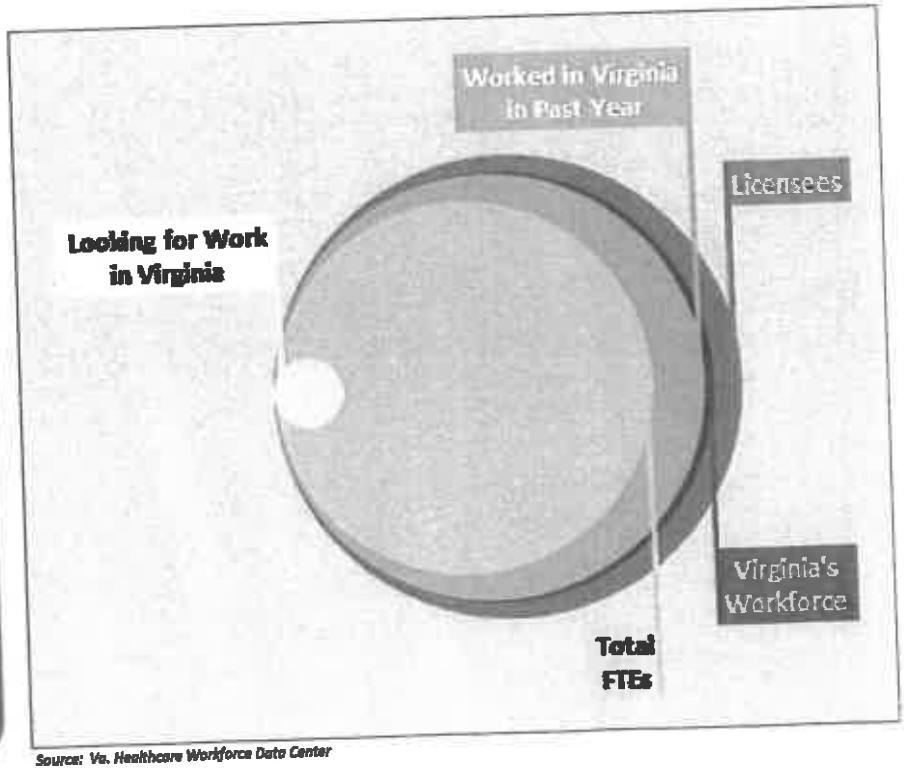
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's SLP Workforce		
Status	#	%
Worked in Virginia in Past Year	3,750	97%
Looking for Work in Virginia	100	3%
Virginia's Workforce	3,850	100%
Total FTEs	2,867	
Licensees	4,457	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	**8**	**1%**	**601**	**99%**	608	18%
30 to 34	**17**	**3%**	**570**	**97%**	**587**	**18%**
35 to 39	**9**	**2%**	**475**	**98%**	**484**	**14%**
40 to 44	**19**	**4%**	**415**	**96%**	**434**	**13%**
45 to 49	**7**	**2%**	**379**	**98%**	**386**	**12%**
50 to 54	**10**	**4%**	**261**	**96%**	**271**	**8%**
55 to 59	**6**	**3%**	**209**	**97%**	216	6%
60 and Over	**20**	**6%**	**340**	**94%**	**360**	**11%**
Total	**96**	**3%**	**3,250**	**97%**	**3,347**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	SLPs		SLPs Under 40	
	%	#	%	#	%
White	62%	**2,915**	**87%**	**1,461**	**87%**
Black	**19%**	**217**	**6%**	**103**	**6%**
Asian	6%	**71**	2%	40	2%
Other Race	**0%**	**17**	**1%**	**9**	**1%**
Two or More Races	**3%**	45	**1%**	**22**	**1%**
Hispanic	**9%**	**97**	**3%**	**50**	**3%**
Total	**100%**	**3,362**	**100%**	**1,685**	**100%**

***Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	97%
% Under 40 Female:	98%

Age

Median Age:	40
% Under 40:	50%
% 55+:	17%

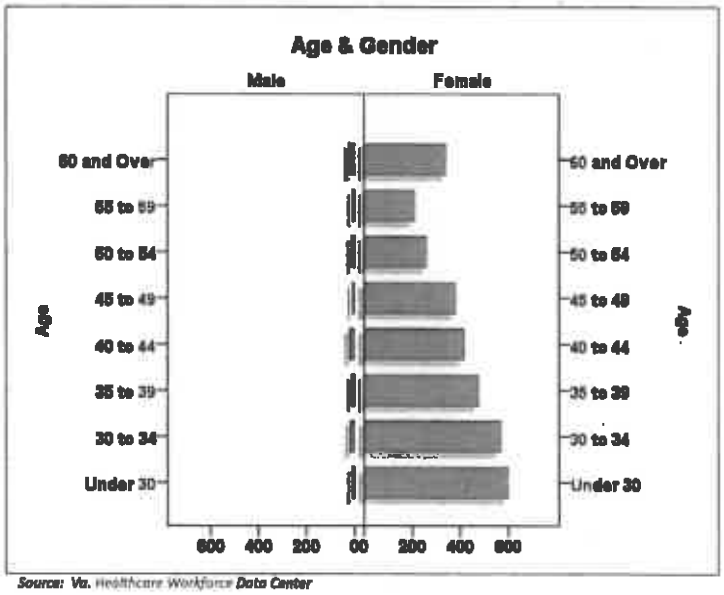
Diversity

Diversity Index:	24%
Under 40 Div. Index:	24%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two SLPs, there is a 24% chance that they would be of a different race/ethnicity (a measure known as the diversity index). For Virginia's population as a whole, the diversity index is at 56%.

One-half of SLPs are under the age of 40, and 98% of these professionals are female. In addition, the diversity index among SLPs who are under the age of 40 is 24%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	9%
Rural Childhood:	29%

Virginia Background

HS in Virginia:	43%
Prof. Education in VA:	44%
HS/Prof. Educ. in VA:	54%

Location Choice

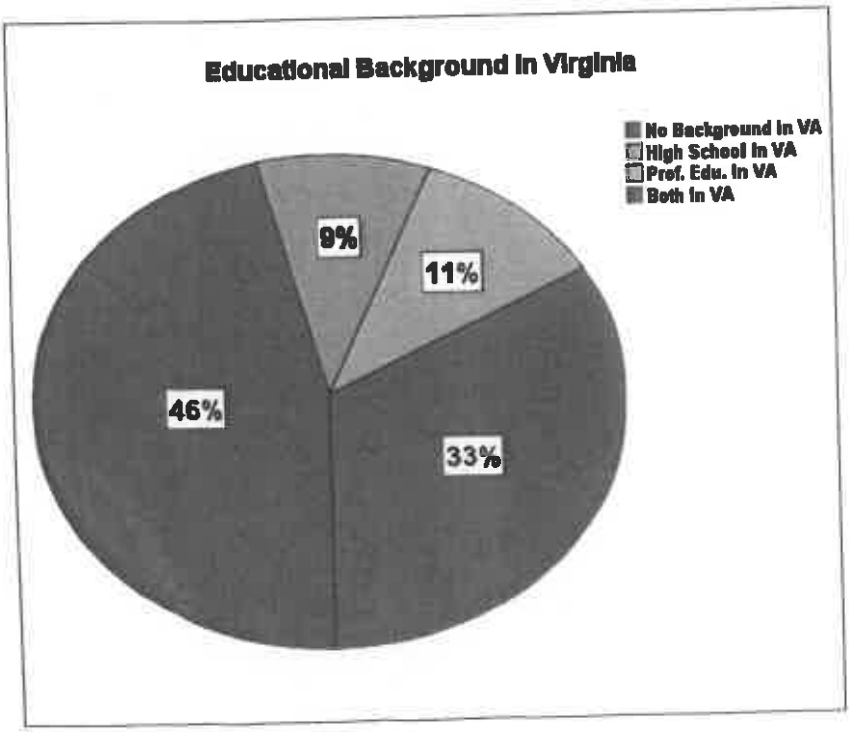
% Rural to Non-Metro:	22%
% Urban/Suburban to Non-Metro:	4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	20%	70%	10%
2	Metro, 250,000 to 1 Million	46%	47%	8%
3	Metro, 250,000 or Less	36%	57%	7%
	Non-Metro Counties			
4	Urban Pop 20,000+, Metro Adjacent	69%	29%	2%
6	Urban Pop, 2,500-19,999, Metro Adjacent	65%	33%	2%
7	Urban Pop, 2,500-19,999, Non-Adjacent	84%	10%	6%
8	Rural, Metro Adjacent	57%	39%	5%
9	Rural, Non-Adjacent	57%	33%	10%
	Overall	29%	63%	9%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly 30% of SLPs grew up in self-described rural areas, and 22% of these professionals currently work in non-metro counties. Overall, 9% of Virginia's SLP workforce currently work in non-metro counties.

Top Ten States for SLP Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	1,445	Virginia	1,468
2	Pennsylvania	255	Washington, D.C.	213
3	New York	243	New York	188
4	New Jersey	138	Pennsylvania	176
5	Maryland	135	North Carolina	159
6	North Carolina	120	Tennessee	118
7	Florida	91	Maryland	105
8	West Virginia	85	Florida	93
9	Ohio	75	Ohio	80
10	Outside U.S./Canada	65	West Virginia	64

Source: Va. Healthcare Workforce Data Center

More than 40% of Virginia's SLPs received their high school degree in Virginia, and 44% received their initial professional degree in the state.

Among SLPs licensed in the past five years, 35% received their high school degree in Virginia, and 38% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	391	Virginia	417
2	Pennsylvania	119	Washington, D.C.	81
3	New York	75	New York	78
4	New Jersey	60	Pennsylvania	74
5	North Carolina	56	North Carolina	67
6	Maryland	56	Maryland	55
7	Florida	30	Florida	40
8	Ohio	26	Tennessee	36
9	Outside U.S/Canada	22	Ohio	23
10	Tennessee	21	Texas	21

Source: Va. Healthcare Workforce Data Center

More than one out of every ten licensed SLPs did not participate in Virginia's workforce in 2018. More than 80% of these professionals worked at some point in the past year, including 79% who currently work as SLPs.

At a Glance:

Not in VA Workforce

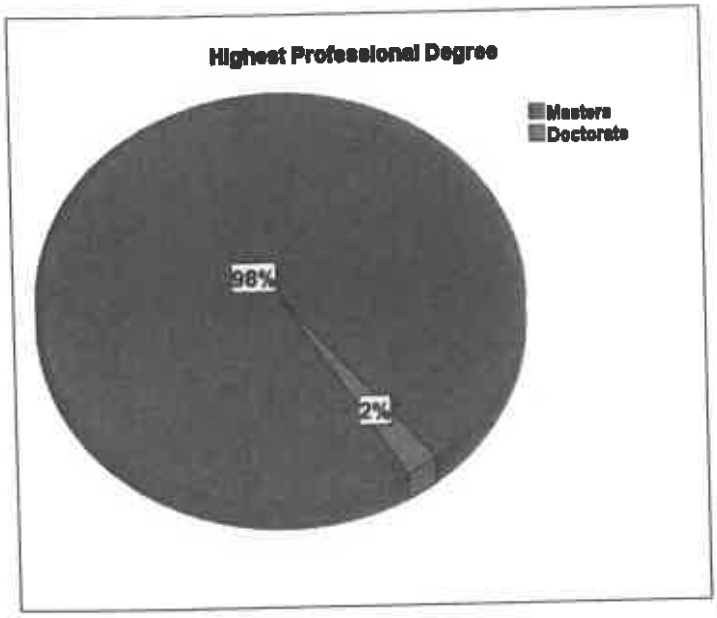
Total:	612
% of Licensees:	14%
Federal/Military:	5%
VA Border State/DC:	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Master's Degree	3,219	98%
Doctorate - SLP	51	2%
Other Doctorate	23	1%
Total	3,293	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Masters: 98%
Doctorate: 2%

Educational Debt

Carry Debt: 38%
Under Age 40 w/ Debt: 55%
Median Debt: $40k-$50k

Source: Va. Healthcare Workforce Data Center

Nearly all SLPs hold a Master's degree as their highest professional degree.

Nearly 40% of SLPs currently have education debt, including 55% of those under the age of 40. For those with education debt, the median debt amount is between $40,000 and $50,000.

Educational Debt				
Amount Carried	All SLPs		SLPs Under 40	
	#	%	#	%
None	1,861	62%	678	45%
Less Than $10,000	128	4%	82	5%
$10,000-$19,999	136	5%	88	6%
$20,000-$29,999	133	4%	88	6%
$30,000-$39,999	136	5%	97	6%
$40,000-$49,999	99	3%	73	5%
$50,000-$59,999	96	3%	70	5%
$60,000-$69,999	78	3%	68	4%
$70,000-$79,999	78	3%	64	4%
$80,000-$89,999	44	1%	36	2%
$90,000-$99,999	67	2%	50	3%
$100,000 or More	158	5%	120	8%
Total	3,014	100%	1,514	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Specialties

Child Language:	26%
Swallowing Disorders:	26%
School/Pediatrics:	24%

Top Credentials

CCC-SLP:	79%
VitalStim Certified:	11%
DOE Endorsement:	2%

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of Virginia's SLPs hold at least one self-designated specialty.

A Closer Look:

Self-Designated Specialties		
Specialty	#	% of Workforce
Child Language	**997**	**26%**
Swallowing & Swallowing Disorders	**997**	**26%**
School/Pediatrics	**905**	**24%**
Autism	**836**	**22%**
Child/Infant	**565**	**15%**
Geriatrics	**540**	**14%**
Medical	**436**	**11%**
Brain Injury	**346**	**9%**
Voice	**243**	**6%**
Fluency Disorders	**220**	**6%**
Deaf and Hard of Hearing	**137**	**4%**
Other	**307**	**8%**
At Least One Specialty	**2,415**	**63%**

Source: Va. Healthcare Workforce Data Center

Credentials		
Credential	#	% of Workforce
CCC-SLP: Speech-Language Pathology	**3,050**	**79%**
VitalStim Certified	**432**	**11%**
DOE Endorsement	**61**	**2%**
CBIS: Certified Brain Injury Specialist	**31**	**1%**
CCC-A: Audiology	**11**	**0%**
CF-SLP: Fellowship	**10**	**0%**
BRS-S: Swallowing	**7**	**0%**
BRS-FD: Fluency Disorders	**5**	**0%**
BRS-CL: Child Language	**2**	**0%**
Other	**163**	**4%**
At Least One Credential	**3,115**	**81%**

Source: Va. Healthcare Workforce Data Center

More than four out of every five SLPs hold at least one credential, including 79% who hold a CCC-SLP credential.

At a Glance:

Employment

Employed in Profession:	94%
Involuntarily Unemployed:	< 1%

Positions Held

1 Full-Time:	58%
2 or More Positions:	20%

Weekly Hours

40 to 49:	42%
60 or More:	2%
Less Than 30:	19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	0	0%
Employed in a SLP-Related Capacity	3,137	94%
Employed, NOT in a SLP-Related Capacity	64	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1	< 1%
Voluntarily Unemployed	113	3%
Retired	32	1%
Total	3,347	100%

Source: Va. Healthcare Workforce Data Center

More than nine out of every ten licensed SLPs are currently employed in the profession. In addition, 58% of SLPs have one full-time job, and 42% of SLPs work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	146	4%
One Part-Time Position	588	18%
Two Part-Time Positions	176	5%
One Full-Time Position	1,903	58%
One Full-Time Position & One Part-Time Position	391	12%
Two Full-Time Positions	3	0%
More Than Two Positions	88	3%
Total	3,295	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	146	4%
1 to 9 Hours	128	4%
10 to 19 Hours	204	6%
20 to 29 Hours	288	9%
30 to 39 Hours	851	26%
40 to 49 Hours	1,379	42%
50 to 59 Hours	224	7%
60 to 69 Hours	48	1%
70 to 79 Hours	5	0%
80 or More Hours	4	0%
Total	3,277	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	25	1%
Less than $20,000	144	5%
$20,000-$29,999	103	4%
$30,000-$39,999	148	5%
$40,000-$49,999	290	11%
$50,000-$59,999	505	18%
$60,000-$69,999	520	19%
$70,000-$79,999	408	15%
$80,000-$89,999	285	10%
$90,000-$99,999	166	6%
$100,000-$109,999	89	3%
$110,000-$119,999	38	1%
$120,000 or More	30	1%
Total	2,751	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Earnings
Median Income: $60k-$70k

Benefits
Health Insurance: 57%
Retirement: 61%

Satisfaction
Satisfied: 95%
Very Satisfied: 59%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,905	59%
Somewhat Satisfied	1,159	36%
Somewhat Dissatisfied	138	4%
Very Dissatisfied	24	1%
Total	3,227	100%

Source: Va. Healthcare Workforce Data Center

The typical SLP earns between $60,000 and $70,000 per year. In addition, 75% of SLPs also receive at least one employer-sponsored benefit, including 57% who have access to a health insurance plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	1,910	61%	64%
Paid Sick Leave	1,838	59%	63%
Health Insurance	1,785	57%	60%
Paid Vacation	1,738	55%	60%
Dental Insurance	1,691	54%	58%
Group Life Insurance	1,143	36%	39%
Signing/Retention Bonus	162	5%	5%
At Least One Benefit	2,361	75%	79%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In The Past Year Did You . . .?	#	%
Experience Involuntary Unemployment?	24	1%
Experience Voluntary Unemployment?	214	6%
Work Part-Time or Temporary Positions, But Would Have Preferred a Full-Time/Permanent Position?	95	2%
Work Two or More Positions at the Same Time?	748	19%
Switch Employers or Practices?	264	7%
Experienced At Least One	1,142	30%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's SLPs were involuntarily unemployed at some point in the past year. For comparison, Virginia's average monthly unemployment rate was 3.0%.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working At This Location	59	2%	46	6%
Less Than 6 Months	235	7%	137	17%
6 Months to 1 Year	210	7%	114	14%
1 to 2 Years	620	20%	160	19%
3 to 5 Years	794	25%	178	22%
6 to 10 Years	461	15%	106	13%
More Than 10 Years	794	25%	86	10%
Subtotal	3,173	100%	827	100%
Did Not Have Location	113		2,992	
Item Missing	564		31	
Total	3,850		3,850	

Source: Va. Healthcare Workforce Data Center

More than half of all SLPs receive a salary or commission at their primary work location, and 34% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed:	1%
Underemployed:	2%

Turnover & Tenure

Switched:	7%
New Location:	22%
Over 2 Years:	65%
Over 2 Yrs, 2nd Location:	45%

Employment Type

Salary/Commission:	55%
Hourly Wage:	34%

Nearly two-thirds of all SLPs have worked at their primary work location for at least two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,408	55%
Hourly Wage	863	34%
By Contract/Per Diem	219	9%
Business/Practice Income	66	3%
Unpaid	7	0%
Subtotal	2,563	100%

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fell from 3.7% in January 2018 to 2.6% in December 2018. The unemployment rate from December 2018 was still preliminary at the time of publication.

At a Glance:

Concentration

Top Region:	36%
Top 3 Regions:	75%
Lowest Region:	1%

Locations

2 or More (2018):	26%
2 or More (Now*):	24%

Source: Va. Healthcare Workforce Data Center

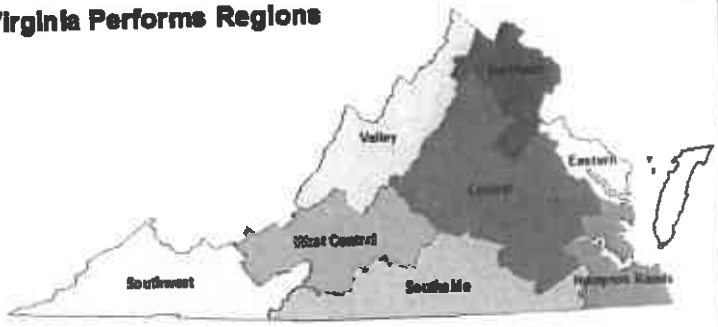
Three out of every four SLPs work in Northern Virginia, Central Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	**632**	**20%**	161	19%
Eastern	**44**	**1%**	11	1%
Hampton Roads	**599**	19%	129	15%
Northern	**1,123**	**36%**	**263**	**31%**
Southside	**101**	**3%**	37	4%
Southwest	**139**	**4%**	**38**	**5%**
Valley	199	6%	49	6%
West Central	**281**	**9%**	**73**	**9%**
Virginia Border State/DC	19	1%	37	4%
Other US State	**17**	**1%**	**37**	**4%**
Outside of the US	**3**	0%	2	0%
Total	**3,157**	**100%**	**837**	**100%**
Item Missing	**579**		**20**	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Nearly one-quarter of SLPs currently have multiple work locations, while 26% of SLPs have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in 2018		Work Locations Now*	
	#	%	#	%
0	**100**	**3%**	**143**	**4%**
1	**2,312**	**71%**	**2,332**	**71%**
2	**487**	**15%**	**472**	**14%**
3	**264**	**8%**	**261**	**8%**
4	**41**	**1%**	**21**	**1%**
5	**18**	**1%**	**10**	**0%**
6 or More	**46**	**1%**	**29**	**1%**
Total	**3,268**	**100%**	**3,268**	**100%**

***At the time of survey completion, December 2018.**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector: Primary Location #	Primary Location %	Secondary Location #	Secondary Location %
For-Profit	1,197	39%	558	69%
Non-Profit	682	22%	131	16%
State/Local Government	1,116	37%	113	14%
Veterans Administration	19	1%	0	0%
U.S. Military	9	0%	1	0%
Other Federal Gov't	11	0%	5	1%
Total	**3,034**	**100%**	**808**	**100%**
Did Not Have Location	113		2,992	
Item Missing	703		50	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

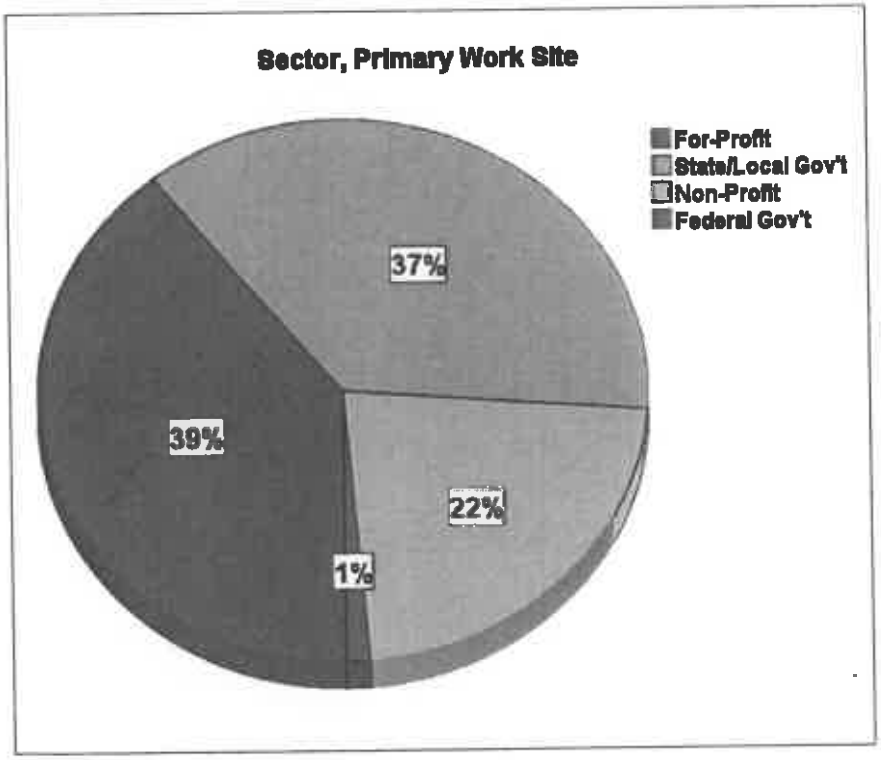
Sector

For Profit:	39%
Federal:	1%

Top Establishments

School (Providing Care To Clients):	39%
Private Practice (Group):	9%
Skilled Nursing Facility:	8%

Nearly 40% of all SLPs work in the for-profit sector, while another 37% work for a state or local government.



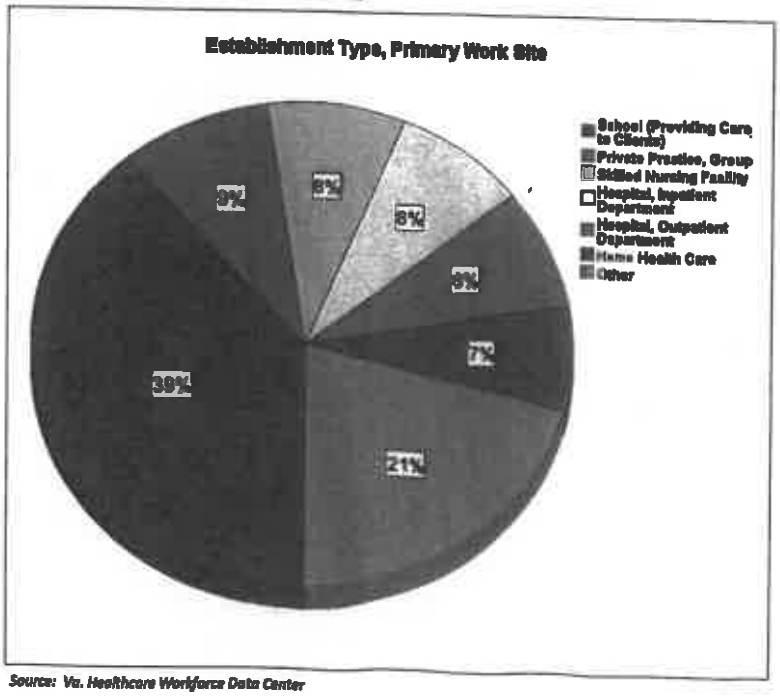
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type: Primary Location #	Primary Location %	Secondary Location #	Secondary Location %
School (Providing Care to Clients)	1,136	39%	85	11%
Private Practice, Group	265	9%	85	11%
Skilled Nursing Facility	243	8%	139	18%
Hospital, Inpatient Department	236	8%	114	14%
Hospital, Outpatient Department	235	8%	22	3%
Home Health Care	206	7%	115	15%
Private Practice, Solo	141	5%	58	7%
Rehabilitation Facility	141	5%	53	7%
Academic Institution (Teaching Health Professions Students or Research)	74	3%	27	3%
Community-Based Clinic or Health Center	58	2%	11	1%
Residential Facility/Group Home	32	1%	14	2%
Administrative/Business Organization	16	1%	7	1%
Outpatient Surgical Center	3	0%	1	0%
Child Day Care	2	0%	3	0%
Physician Office	1	0%	1	0%
Other	145	5%	58	7%
Total	2,934	100%	793	100%
Did Not Have Location	113		2,992	

Source: Va. Healthcare Workforce Data Center

Schools that provide care to clients employ nearly 40% of all SLPs in Virginia. Another 9% of SLPs work at group private practices.

Among SLPs who also have a secondary work location, 18% are employed at skilled nursing facilities. Another 15% of SLPs work at home health care establishments.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

Client Care:	70%-79%
Administration:	10%-19%

Roles

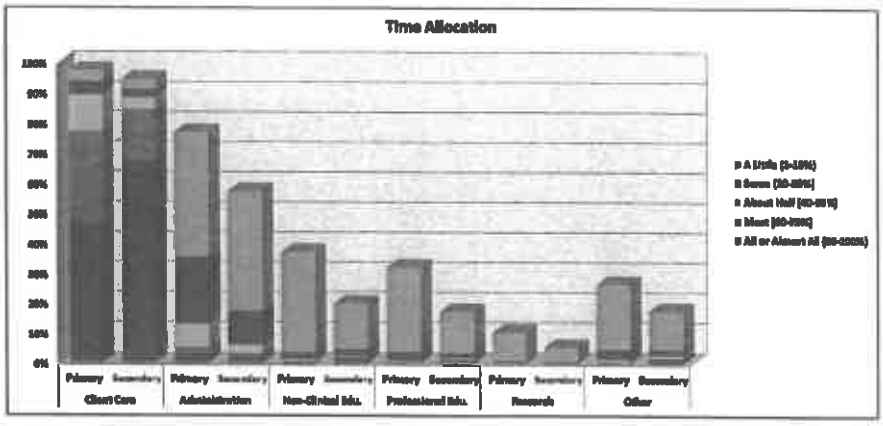
Client Care:	77%
Administration:	5%
Professional Edu.:	1%

Patient Care SLPs

Median Admin. Time:	1%-9%
Ave. Admin. Time:	10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

The typical SLP spends around three-quarters of her time treating patients. In fact, 77% of SLPs fill a client care role, defined as spending 60% or more of their time in that activity.

Time Spent	Time Allocation											
	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	46%	67%	3%	2%	0%	2%	0%	1%	0%	0%	0%	2%
Most (60-79%)	31%	17%	2%	1%	0%	0%	1%	0%	0%	0%	0%	0%
About Half (40-59%)	12%	4%	8%	3%	1%	0%	0%	0%	0%	0%	1%	1%
Some (20-39%)	4%	3%	22%	11%	2%	2%	3%	2%	1%	0%	4%	2%
A Little (1-19%)	4%	3%	41%	40%	34%	15%	28%	14%	10%	5%	22%	13%
None (0%)	3%	5%	23%	43%	63%	80%	68%	83%	90%	95%	74%	83%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Weekly Patient Totals
(Median)

Primary Location:	30-39
Secondary Location:	1-9
Total:	30-39

% with Group Sessions

Primary Location:	48%
Secondary Location:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Number of Clients	Weekly Client Totals					
	Primary Work Location		Secondary Work Location		Total[2]	
	#	%	#	%	#	%
None	159	5%	60	7%	138	4%
1-9	428	14%	487	59%	308	10%
10-19	429	14%	107	13%	402	13%
20-29	425	14%	76	9%	434	14%
30-39	297	10%	19	2%	355	12%
40-49	169	6%	13	2%	187	6%
50-59	280	9%	17	2%	287	9%
60-69	123	4%	7	1%	142	5%
70-79	50	2%	5	1%	61	2%
80 or More	708	23%	30	4%	755	25%
Total	3,068	100%	821	100%	3,069	100%

Source: Va. Healthcare Workforce Data Center

A typical SLP treats approximately 30 to 39 clients per week across both their primary and secondary work locations.

Number of Sessions	Weekly Client Sessions							
	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
None	168	6%	1,572	52%	64	8%	677	83%
1-9	1,191	39%	472	16%	571	70%	88	11%
10-19	738	24%	370	12%	129	16%	29	4%
20-29	449	15%	325	11%	26	3%	14	2%
30-39	258	8%	177	6%	11	1%	7	1%
40-49	126	4%	66	2%	3	0%	0	0%
50-59	73	2%	30	1%	4	0%	1	0%
60-69	22	1%	14	0%	0	0%	0	0%
70-79	11	0%	1	0%	3	0%	0	0%
80 or More	14	0%	4	0%	4	0%	0	0%
Total	3,050	100%	3,029	100%	816	100%	817	100%

Source: Va. Healthcare Workforce Data Center

[2] This column estimates the total number of clients treated per week across both primary and secondary work locations.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	39	1%	-	-
50 to 54	127	4%	6	1%
55 to 59	369	13%	46	7%
60 to 64	829	29%	184	27%
65 to 69	1,013	36%	286	41%
70 to 74	274	10%	100	14%
75 to 79	59	2%	24	3%
80 or Over	22	1%	6	1%
I Do Not Intend to Retire	102	4%	38	6%
Total	2,835	100%	690	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All SLPs
- Under 65: 48%
- Under 60: 19%

SLPs 50 and Over
- Under 65: 34%
- Under 60: 8%

Time Until Retirement
- Within 2 Years: 4%
- Within 10 Years: 15%
- Half the Workforce: By 2048

Nearly half of SLPs expect to retire before the age of 65. Among SLPs who are age 50 and over, 34% still expect to retire by age 65.

Within the next two years, 12% of SLPs expect to pursue additional educational opportunities, and 9% expect to increase their patient care hours.

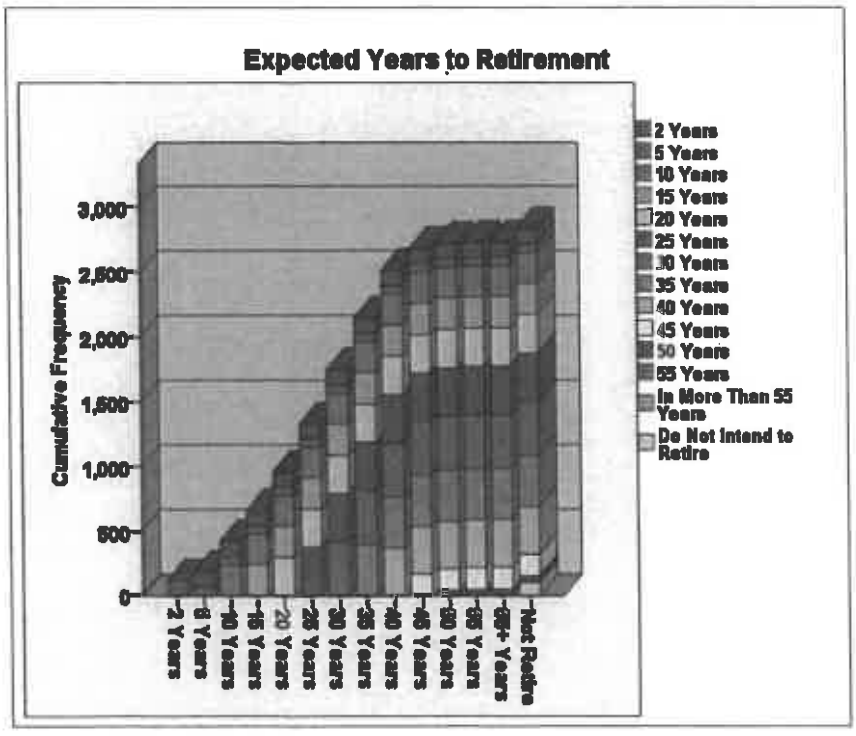
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	64	2%
Leave Virginia	131	3%
Decrease Client Care Hours	246	6%
Decrease Teaching Hours	9	0%
Increase Participation		
Increase Client Care Hours	334	9%
Increase Teaching Hours	111	3%
Pursue Additional Education	470	12%
Return to Virginia's Workforce	53	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for SLPs. Only 4% of SLPs expect to retire in the next two years, while 15% expect to retire in the next ten years. Half of the current workforce expect to retire by 2048.

Time to Retirement			
Expect to Retire Within...	#	%	Cumulative %
2 Years	118	4%	4%
5 Years	64	2%	6%
10 Years	237	8%	15%
15 Years	243	9%	23%
20 Years	297	10%	34%
25 Years	374	13%	47%
30 Years	417	15%	62%
35 Years	397	14%	76%
40 Years	370	13%	89%
45 Years	167	6%	95%
50 Years	39	1%	96%
55 Years	9	0%	96%
In More Than 55 Years	3	0%	96%
Do Not Intend to Retire	102	4%	100%
Total	2,835	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2038. Retirement will peak at 15% of the current workforce around 2048 before declining to under 10% of the current workforce again around 2063.

At a Glance:

FTEs

Total:	2,867
FTEs/1,000 Residents[3]:	0.341
Average:	0.77

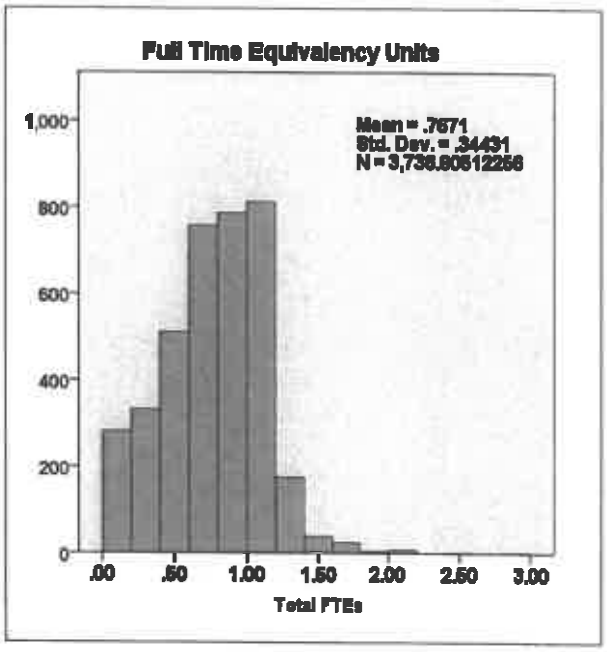
Age & Gender Effect

Age, Partial Eta[3]:	Negligible
Gender, Partial Eta[3]:	Negligible

Partial Eta[3] Explained:
Partial Eta[3] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

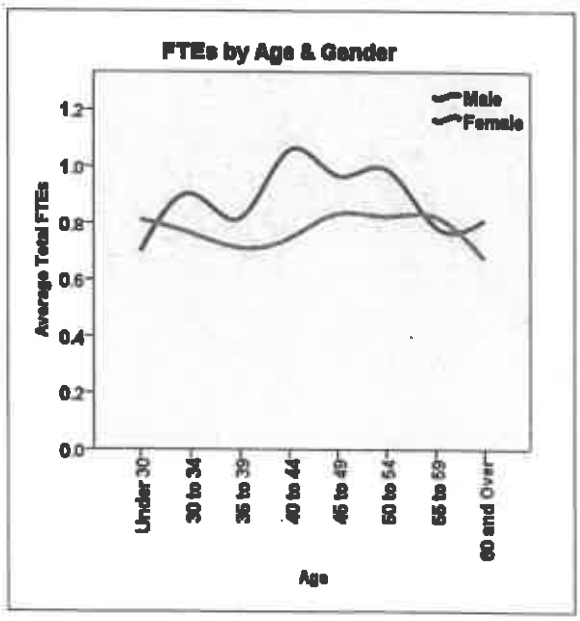


Source: Va. Healthcare Workforce Data Center

The typical SLP provided 0.80 FTEs in 2018, or approximately 32 hours per week for 50 weeks. Although FTEs appear to vary by gender, statistical tests did not verify that a difference exists.[4]

Full-Time Equivalency Units	Average	Median
Age		
Under 30	0.81	0.84
30 to 34	0.74	0.81
35 to 39	0.70	0.67
40 to 44	0.76	0.76
45 to 49	0.86	0.93
50 to 54	0.86	0.91
55 to 59	0.78	0.74
60 and Over	0.65	0.51
Gender		
Male	0.89	0.96
Female	0.77	0.82

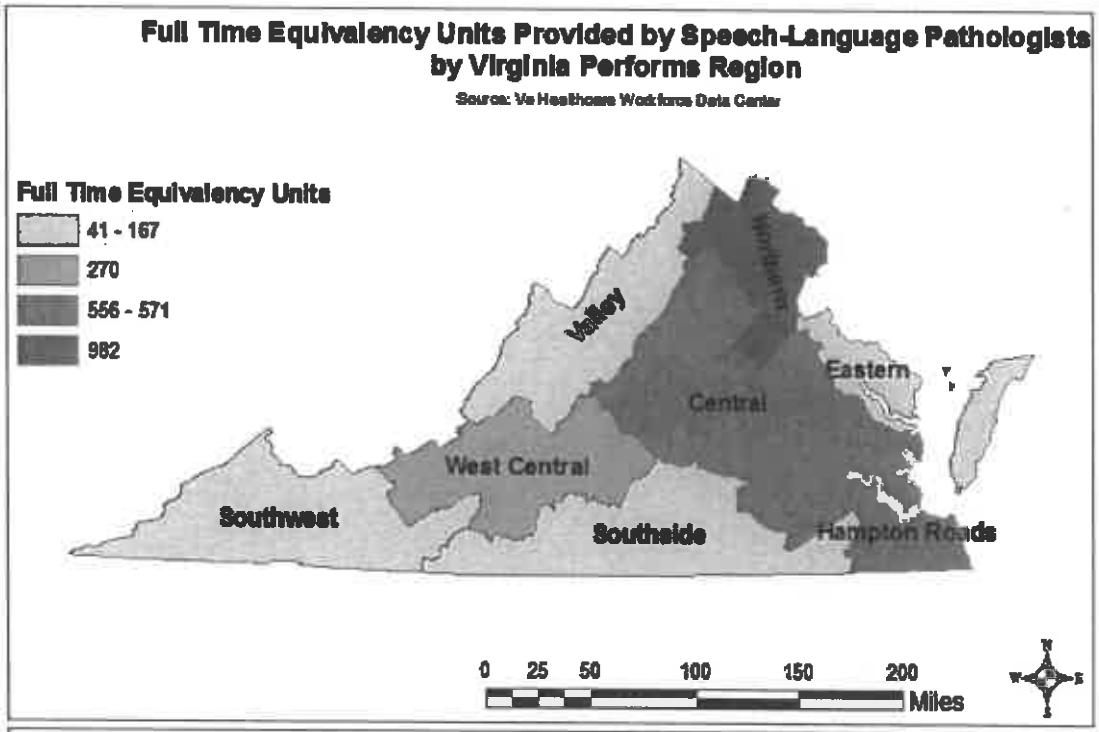
Source: Va. Healthcare Workforce Data Center

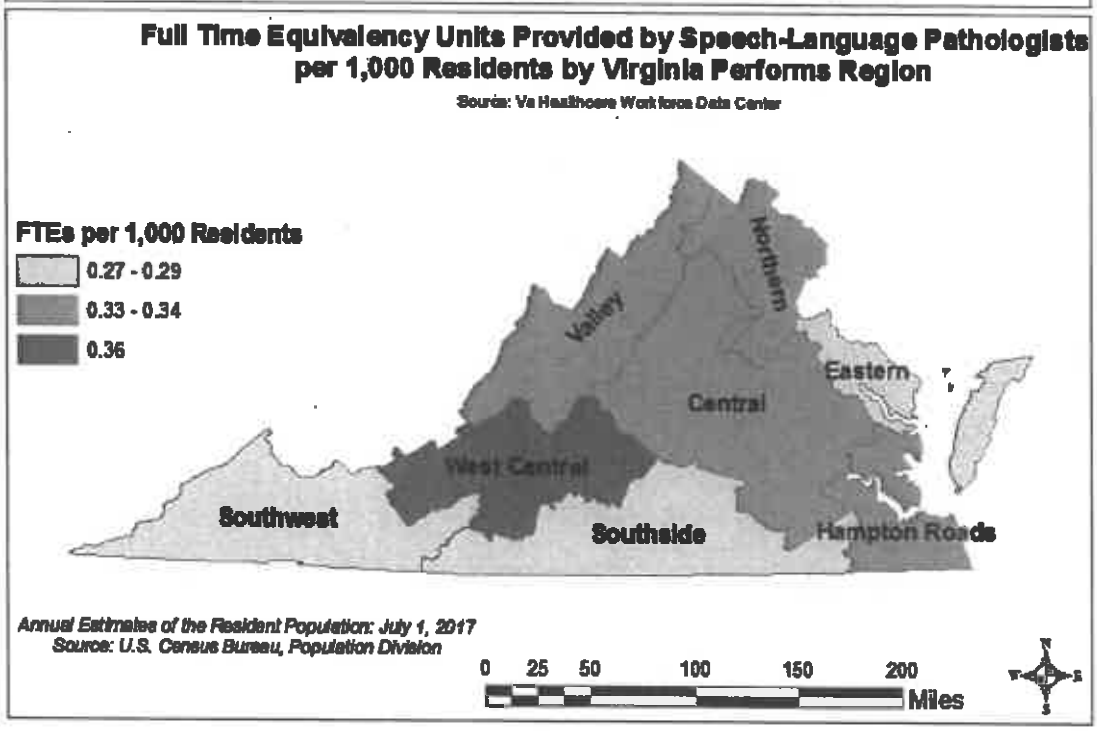


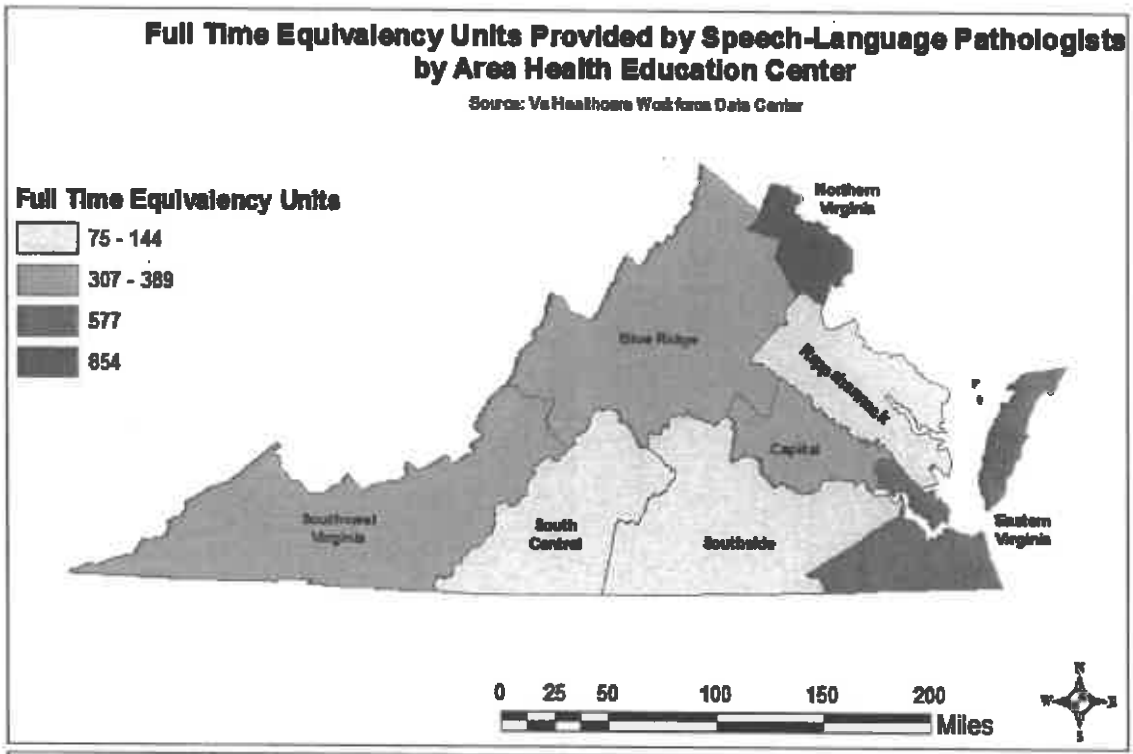
Source: Va. Healthcare Workforce Data Center

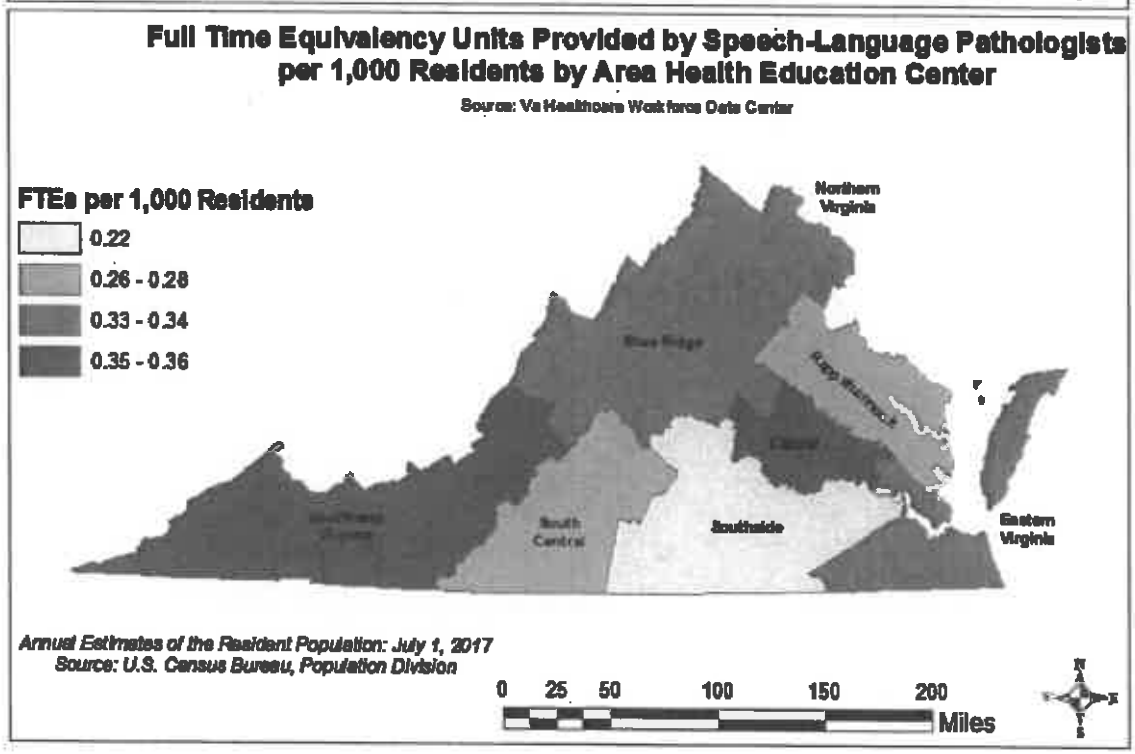
[3] Number of residents in 2017 was used as the denominator.
[4] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

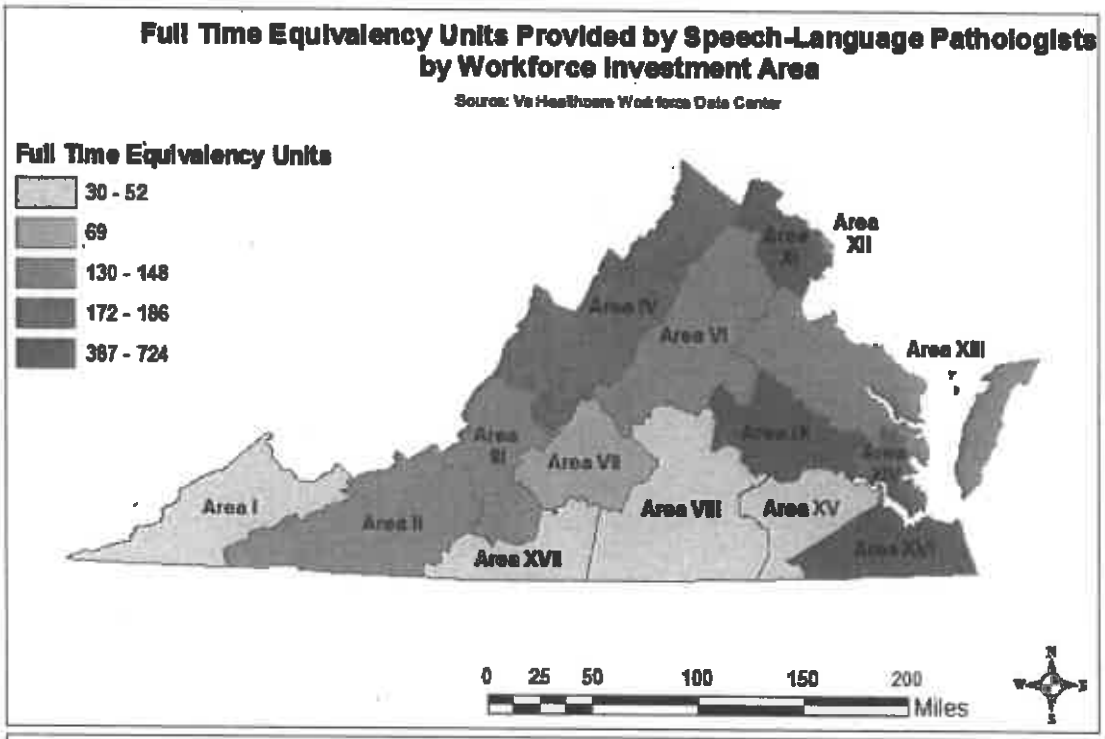
Virginia Performs Regions

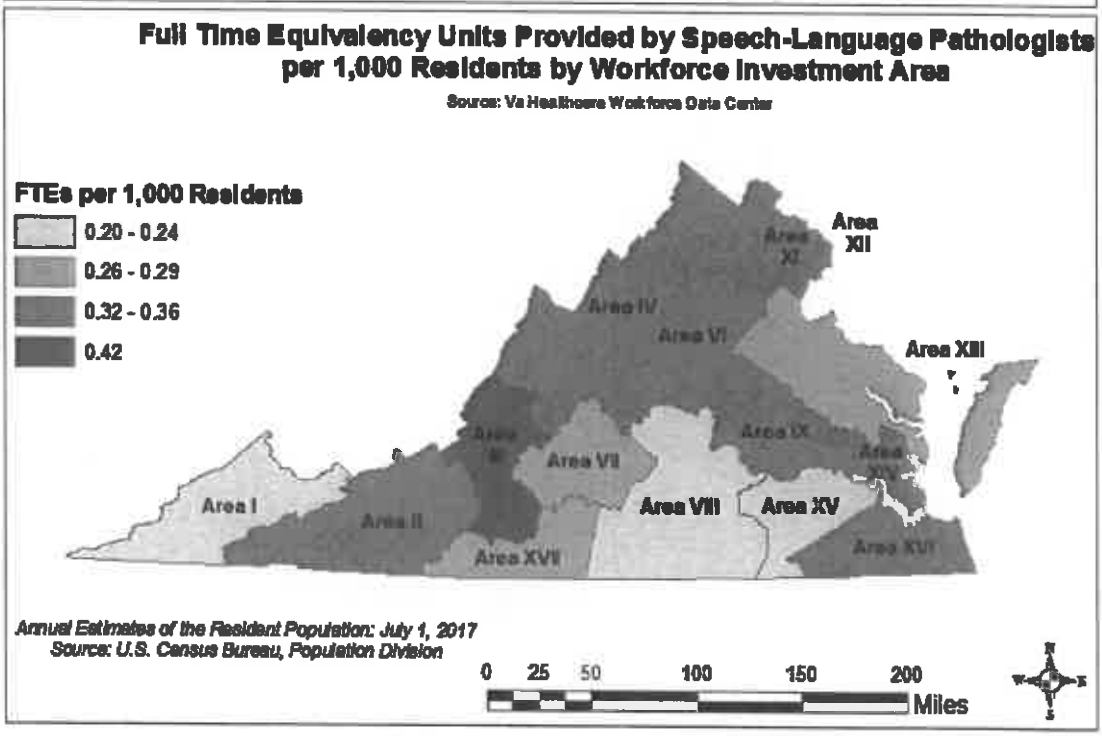


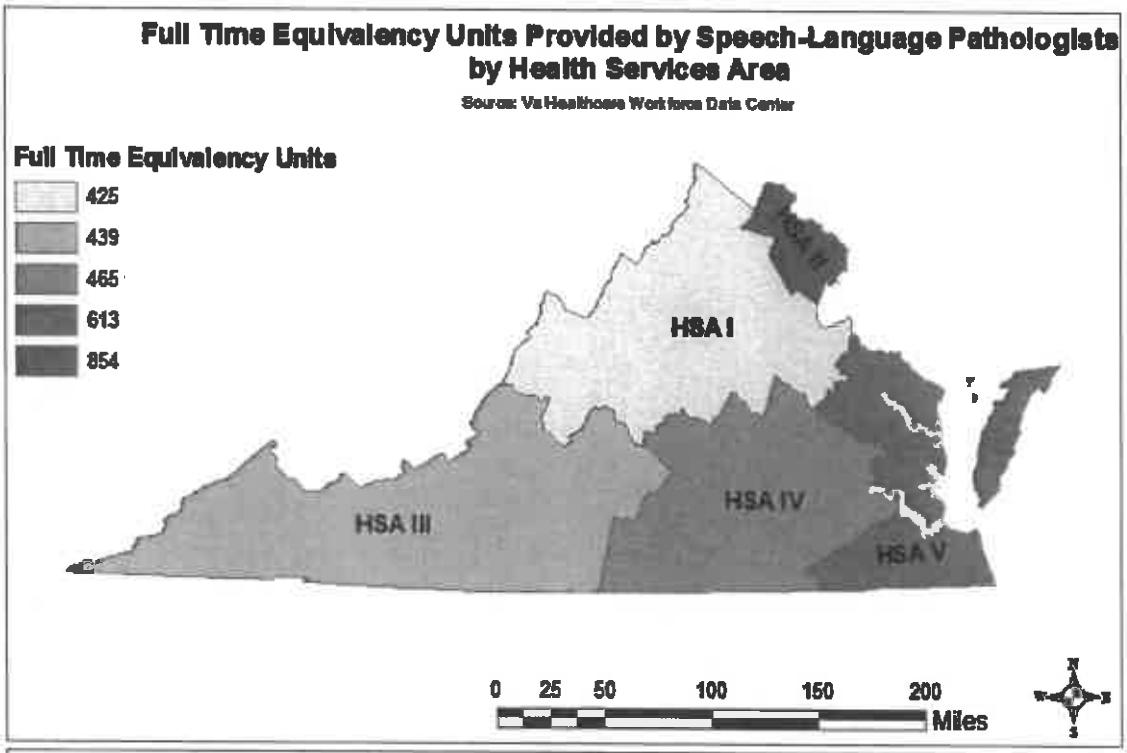


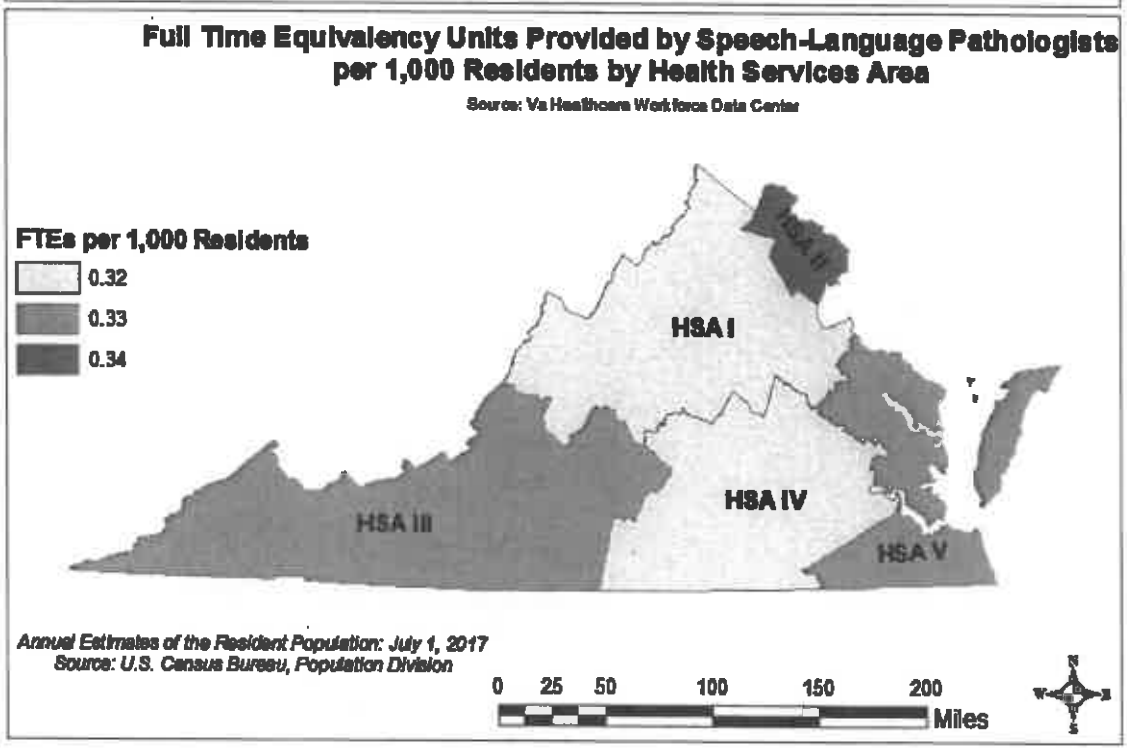

Full Time Equivalency Units Provided by Speech-Language Pathologists by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
75 - 144
307 - 389
577
854
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
0 25 50 100 150 200
Miles

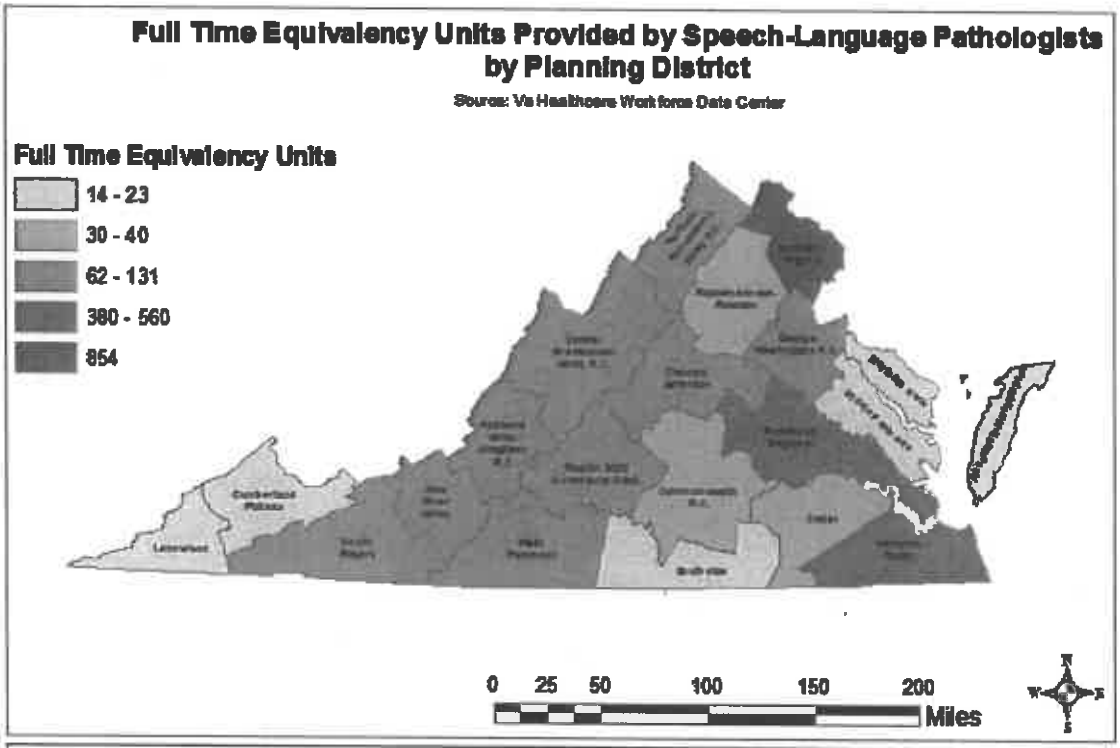

Full Time Equivalency Units Provided by Speech-Language Pathologists per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.22
0.26 - 0.28
0.33 - 0.34
0.35 - 0.36
Northern Virginia
Blue Ridge
Capital
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

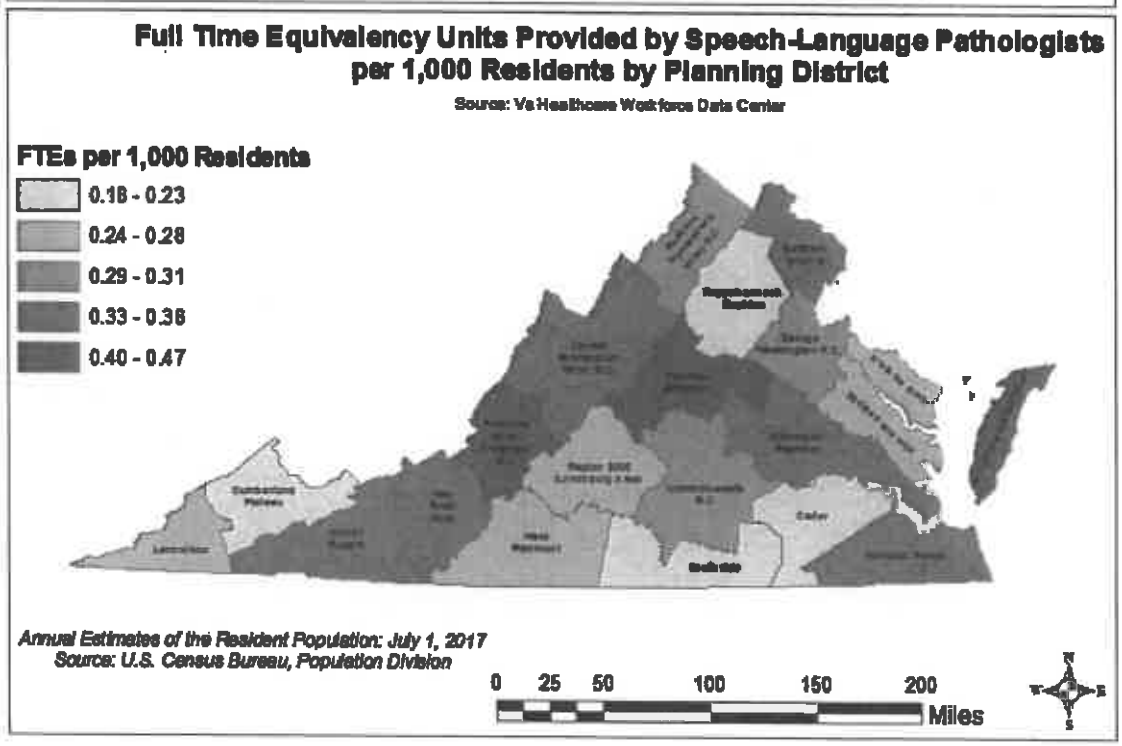

Full Time Equivalency Units Provided by Speech-Language Pathologists by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
30 - 52
69
130 - 148
172 - 186
387 - 724
Area XII
Area XIII
Area I
Area II
Area VII
Area VIII
Area XV
Area XVII
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Speech-Language Pathologists per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.20 - 0.24
0.26 - 0.29
0.32 - 0.36
0.42
Area XII
Area XIII
Area I
Area II
Area VII
Area VIII
Area XV
Area XVII
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Speech-Language Pathologists by Health Services Area
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
425
439
465
613
854
HSA I
HSA II
HSA III
HSA IV
HSA V
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Speech-Language Pathologists per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.32
0.33
0.34
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Speech-Language Pathologists by Planning District
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
14 - 23
30 - 40
62 - 131
380 - 560
854
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Speech-Language Pathologists per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.18 - 0.23
0.24 - 0.28
0.29 - 0.31
0.33 - 0.36
0.40 - 0.47
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	2,611	83.88%	1.192237	1.085759	1.584337
Metro, 250,000 to 1 Million	280	89.29%	1.12	1.019973	1.488342
Metro, 250,000 or Less	408	85.29%	1.172414	1.067706	1.557994
Urban Pop 20,000+, Metro Adj	49	85.71%	1.166667	1.062472	1.550357
Urban Pop 20,000+, Non-Adj	0	NA	NA	NA	NA
Urban Pop, 2,500-19,999, Metro Adj	134	89.55%	1.116667	1.016937	1.483913
Urban Pop, 2,500-19,999, Non-Adj	68	95.59%	1.046154	0.952722	1.39021
Rural, Metro Adj	55	80.00%	1.25	1.138363	1.661096
Rural, Non-Adj	22	90.91%	1.1	1.001759	1.461765
Virginia Border State/DC	432	72.69%	1.375796	1.252924	1.828264
Other US State	398	70.60%	1.41637	1.289874	1.882182

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	698	62.03%	1.612009	1.39021	1.882182
30 to 34	750	82.13%	1.217532	1.05001	1.421591
35 to 39	640	85.78%	1.165756	1.005357	1.361136
40 to 44	585	88.55%	1.129344	0.973955	1.318621
45 to 49	538	90.52%	1.104723	0.952722	1.289874
50 to 54	361	88.37%	1.131661	0.975954	1.321328
55 to 59	323	88.85%	1.125436	0.970585	1.314058
60 and Over	562	82.74%	1.208602	1.042308	1.411164

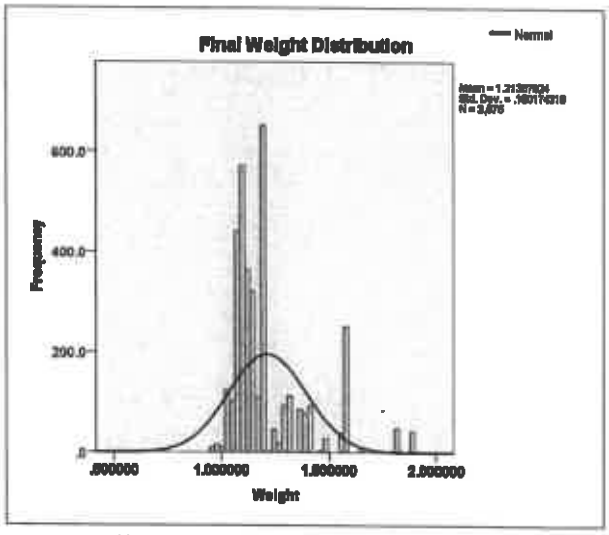
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods:
www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.824361



Source: Va. Healthcare Workforce Data Center

Adopted: July 30, 2019
Effective: XXX XX, 2019

Virginia Board of Audiology and Speech-Language Pathology

Guidance for Telepractice

1. What is telepractice?

   Telepractice may be defined as the use of telecommunications and information technologies for delivery of speech-language pathology or audiology professional services by linking a client and clinician for assessment, intervention or consultation.

2. May a practitioner licensed in another state provide services to a client located in Virginia?

   In order to provide audiology or speech-language pathology services to a client in the Commonwealth of Virginia via telepractice, a practitioner must hold a Virginia license and comply with relevant laws and regulations governing practice.

3. Are there any regulations specific to providing audiology or speech-language pathology services via telepractice?

   Telepractice is considered a method of service delivery. The current, applicable regulations apply to all methods of service delivery, including telepractice. The licensee is responsible for using professional judgment to determine if the type of service should be delivered via telepractice at the same standard of care as in-person service.

4. What are the responsibilities of a practitioner when providing audiology or speech-language pathology services via telepractice?

   - To determine the appropriateness of providing assessment and intervention services via telepractice for each client and each situation;
   - To ensure confidentiality and privacy of clients and their transmissions;
   - To maintain appropriate documentation including informed consent for use of telepractice;
   - To be responsible for the performance and activities of any unlicensed assistant or facilitator who may be used at the client site, in accordance with Virginia regulation, 18VAC30-21-140;
   - To ensure that equipment used for telepractice is in good working order and is properly maintained at both site locations;

- To comply with Virginia and federal (such as HIPAA and FERPA) requirements regarding maintenance of patient records and confidentiality of client information; and

- To ensure that confidential communications obtained and stored electronically cannot be recovered and accessed by unauthorized individuals when the licensee disposes of electronic equipment and data.

5. What factors should be considered when determining if telepractice is appropriate to use? Factors to consider include, but are not limited to:

   - The quality of electronic transmissions should be equally appropriate for the provision of telepractice as if those services were provided in person;

   - The practitioner should only utilize technology for which he/she has been trained and is competent;

   - The practitioner should consider the client's behavioral, physical and cognitive abilities in determining appropriateness;

   - The practitioner should assess the ability of the client to safely and competently use electronic transmission equipment; and

   - The scope, nature and quality of services provided via telepractice should be comparable to those provided during in-person sessions.

6. May a practitioner licensed in Virginia provide services to a client located in another state?

   The Virginia Board does not have jurisdiction over practice in another state. An audiologist or speech-language pathologist seeking to practice via telepractice with a client in another jurisdiction should contact the board for the other state to determine its licensure requirements.

7. Can a practitioner seek reimbursement for services provided by telepractice?

   This guidance is not intended to address questions about reimbursement for telepractice; the Board has no jurisdiction over billing and reimbursement for services. A practitioner should communicate with third-party payers on reimbursement issues.

ASHA Certification

Be Ready! What You Need to Know

New SLP Certification Standards will go into effect on January 1, 2020. Are you ready? Are your students ready? What you need to know right now:

- 2019 graduates should apply online for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) by **December 31, 2019**, even if they have not yet begun (or finished) their Clinical Fellowship.
- Applicants for the CCC-SLP will be able to apply under the 2014 SLP standards until December 31, 2019.
- Beginning January 1, 2020, applicants for the CCC-SLP will only be able to apply under the 2020 SLP standards. Applications under the 2014 SLP standards will no longer be accepted or available.

Key Differences Between 2014 and 2020

2014 Standards	2020 Standards
Standard IV-A: Applicants must have knowledge in physical sciences, which **should be acquired** through coursework in chemistry or physics.	Standard IV-A: ***(New Applicants Only)*** The required knowledge in physical sciences **must be**
	acquired through coursework in chemistry or physics.
Standard V-E and Standard VII-B: The current standards only required that supervisors and CF mentors be ASHA certified.	Standard V-E and Standard VII-B: Effective January 1, 2020, clinical supervisors and clinical fellowship mentors for ASHA certification must have at least 9 months of full time work experience and complete 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP and prior to supervising or mentoring.
Standard IV-C: Listed the "Big 9" competencies in which the applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.	Standard IV-C: Descriptions of the major "Big 9" competencies have been updated to reflect current terminology.
Standard VII: Required all certified members to complete 30 certification maintenance hours (CMHs) within their 3-year intervals, but did not mandate CMHs in any particular content areas.	Standard VIII: Beginning with the 2020-2022 certification maintenance interval, all certificate holders will have to earn one of their 30 required CMHs in Ethics.
There was no statement regarding the use of IPP/IPE.	Standard V-B: Applicants are encouraged to include IPP/IPE into their supervised clinical experience.

Questions?

Contact the ASHA Certification Team at certification@asha.org or visit Certification Standards Change in 2020 on the ASHA website.

Virginia Department of Health Professions
Cash Balance
As of May 31, 2019

	115- Audiology and Speech Lang
Board Cash Balance as June 30, 2018	$ 626,018
YTD FY19 Revenue	323,615
Less: YTD FY19 Direct and Allocated Expenditures	337,097
Board Cash Balance as May 31, 2019	612,536

David E. Brown, D.C.
Director

COMMONWEALTH of VIRGINIA

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

MEMORANDUM

TO: Members, Board of Audiology Speech Language Pathology

FROM: David E. Brown, D.C.

DATE: May 13, 2019

SUBJECT: Revenue, Expenditures, & Cash Balance Analysis

Virginia law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures for a given board are more than 10% apart, the Board is required by law to adjust fees so that the fees are sufficient, but not excessive, to cover expenses. The action by the Board can be a fee increase, a fee decrease, or it can maintain the current fees.

The Board of Audiology Speech Language Pathology ended the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) with a cash balance of $626,108. Current projections indicate that revenue for the 2018 - 2020 biennium (July 1, 2018, through June 30, 2020) will exceed expenditures by approximately $107,135. When combined with the Board's $626,108 cash balance as of June 30, 2018, the Board of Audiology Speech Language Pathology projected cash balance on June 30, 2020, is $773,153.

To reduce the Board's projected cash surplus we recommend a one-time renewal fee decrease. Please note that these projections are based on internal agency assumptions and are, subject to change based on actions by the Governor, the General Assembly and other state agencies.

We are grateful for continued support and cooperation as we work together to manage the fiscal affairs of the Board and the Department.

Please do not hesitate to call me if you have questions.

CC: Leslie Knachel Executive Director
Lisa R. Hahn, Chief Operating Officer
Charles E. Giles, Budget Manager
Elaine Yeatts, Senior Policy Analyst

Audiology/Speech Pathology Monthly Snapshot for May 2019

Audiology/Speech Pathology has closed more cases in May than received cases. Audiology/Speech Pathology has closed 2 patient care cases and 4 non patient care cases for a total of 6 cases.

Closed Cases	
Patient Care	2
Non Patient Care	4
Total	**6**

The department has received 1 patient care cases and 1 non patient care cases for a total of 2 cases.[1]

Cases Received	
Patient Care	1
Non Patient Care	1
Total	**2**

As of May 31 2019, there are 18 Patient care cases open and 9 non patient care cases open for a total of 27 cases.

Cases Open	
Patient Care Cases	18
Non Patient Care Cases	9
Total	**27**

There are ***5194*** Audiology/Speech Pathology licensees as of June 1, 2019. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Profession	**Current Licenses**
Audiologist	*523*
[redacted]	
School Speech-Language Pathologist	*410*
Speech-Language Pathologist	*4246*
Total for Speech Pathology/Audiology	***5194***

There were ***84*** licenses issued for Audiology/Speech Pathology for the month of May. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Profession	**License Issued**
Audiologist	*6*
Provisional Speech-Language Pathologist	*49*
School Speech-Language Pathologist	*3*
Speech-Language Pathologist	*26*
Total for Audiology/Speech Pathology	***84***

[1] The cases received and cases closed figures exclude Compliance Tracking Cases

2019 Conference Schedule http://www.ncsb.info/2019/schedule

Thursday, September 26:

Workshop – Training for Board Members – Glenn Waguespack, Theresa Rodgers & Ayn Stehr

(Separate fee required – see registration form)

8:00-8:30	Welcome and Overview–Glenn Waguespack NCSB Reference Manual-Theresa Rodgers
8:30-9:45	Statutory Authority-Ayn Stehr, J.D.
9:45-10:00	BREAK
10:00-11:30	Statutory Authority (continued)
11:30-12:45	Lunch (on your own)

Afternoon Schedule-Facilitators--Theresa Rodgers & Glenn Waguespack
Participants--NCSB Board and Workshop Attendees

12:45-2:30	Mock Board Proceedings
2:30-2:45	Receipt of Complaints
2:45-3:00	BREAK
3:00-5:00	Ethical Decision Making

Friday, September 27:

8:00-8:30	Registration & Continental Breakfast
8:30-8:45	Howdy Yall; Welcome, Kerri Phillips, NCSB President, Gregg Thornton NCSB President-Elect
8:45-10:00	The Rough Riders; Administering Compacts, Jim Puente, KEYNOTE SPEAKER
10:00-10:15	BREAK
10:15-11:00	Three Amigos; Licensure Compact Update: Nahale Kalfas, Kerri Phillips, and Gregg Thornton
11:00-11:30	Ain't My First Rodeo; Update on Antitrust Case Law: Nahale Kafas
11:30-1:00	Welcome to the Fiesta; LUNCH and CORPORATE BUSINESS MEETING
1:00-2:15	A Walk Along The River; Board Consolidation-Who's in Your Canoe: Tammy Brown & Board Actions in the Climate of Deregulation: Cheryl Hawkinson
2:15-2:30	BREAK
2:30-3:15	Over the Counter Hearing Aids: A Prickly Pear or a Fruit Ripe for the Picking: Matt Lyon
3:15-4:00	Holy Guacamole; Ethical Trends and Challenges Facing the Audiology and Speech-Language Pathology Professions: Donna Euben
4:00-5:00	The Whole Enchilada; New Ethics Requirement – Todd Philbrick with Panel Discussion: OK (T. (Grammer), TX (M. Lyon) and WV (Patty Nesbitt)

Saturday, September 28:

8:30-9:30	Round Up - Part 1; State Information Exchange - Amy Goldman, Facilitator; A state representative should come prepared to speak for 5 minutes on successes and challenges in the respective state.
9:30-10:00	Head'em-up-Mov'em Out - ETS Updates - Kathy Pruner
10:00-10:15	BREAK
10:15-11:15	Round Up - Part 2; State Information Exchange
11:15-12:00	New Territories in Licensing; Clinical Simulation, Lobbying for your Board & Cultural Competence and Sensitivity: Kerri Philips, Tracy Grammer & Jayne Pultro
12:00-12:15	Take off your boots and Hang up your Hat; Wrap-

Thursday Learning Outcomes: Participants will be able to:

1. Delineate key components of laws, rules and regulations that govern the practice of SLP and Audiology.
2. Describe elements of the disciplinary process and application to the professions through participation in a mock hearing.
3. Engage in the process utilized in examining ethics violations as well as reporting to the National Practitioner Data Bank (NPDB).

Friday & Saturday Learning Outcomes: Participants will be able to:

1. Identify potential challenges and pitfalls related to compact implementation and development.
2. Learn the typical infrastructure required for a compact and commission.
3. Understand how the proposed speech-language pathology and audiology licensure compact will be an enhancement of public protection.
4. Understand how board actions can impact Antitrust Law.
5. Examine the role board members and staff may have to play during board consolidation.
6. Understand how state legislation proposing deregulation can impact licensing boards, with Ohio serving as an example.
7. Understand the impact of recent changes to federal law introducing a new category of hearing aid and how this will affect the way hearing aids are obtained by consumers.
8. Understand how State licensing agencies will be affected and what changes will likely be required.
9. Identify ethical trends and challenges facing our professions today.
10. Examine practical implications and strategies to address these trends.
11. Understand what qualifies as meeting ASHA's new ethics requirement and understand what states experienced when their ethics requirement was implemented.
12. Compare rules and regulations across states.
13. Understand the need for valid and reliable certification exams.
14. Understand recent updates to the ETS Data Manager, how to access performance data, and upcoming changes to the Praxis Audiology test.
15. Understand clinical simulation.
16. Summarize guidelines for appropriate methods of lobbying for state boards.
17. Identify cultural variables frequently encountered in the patient/client populations of Audiologists and Speech Language Pathologists.

NCSB is approved by the American Academy of Audiology to offer CEUs for this activity. The conference is worth a Maximum of 1.65 CEUs. Academy approval of this CE activity does not imply endorsement of course content, specific products, or clinical procedures. Any views that are presented are those of the presenter/CE provider and not necessarily of the American Academy of Audiology.
(CE Credits Pending Approval)

This conference is offered for amaximum of 1.65 ASHA CEUs
Intermediate level: Related Area. (CE Credits Pending Approval.)

National Council of State Boards of Examiners for Speech-Language Pathology and Audiology

32nd Annual NCSB Conference "Regulating Smartly in a Deregulating Climate - Threats to Audiology and Speech-Language Pathology"

September 26-28, 2019
Menger Hotel
San Antonio, Texas

2019 NCSB Conference Faculty
http://www.ncsb.info/2019/faculty

Tammy H. Brown, M.A., CCC-A is a licensed audiologist and Board President of the Ohio Speech and Hearing Professionals Board. She is a member of the American Academy of Audiology, American-Speech-Language Hearing Association, and the Ohio Speech-Language Hearing Association.

Donna R. Euben, Esq. is Director of Ethics and Counsel to the Board of Ethics at the American Speech-Language-Hearing Association. She has extensive experience providing advice on professional ethics; representing individuals in disciplinary hearings; and providing training on legal and ethical issues. Ms. Euben has practiced labor, employment, and higher education law for professional associations. She received her J.D. from Brooklyn Law School (magna cum laude, Law Review Editor-in-Chief, NYS Bar Association Student Legal Ethics Award), and BA from Oberlin College. She is licensed to practice law in DC and NY.

Amy S. Goldman, MS, CCC-SLP is past Chair and a current member of the PA Board of Examiners, NCSB Secretary, and Past President of the Pennsylvania Speech-Language-Hearing Association. She currently is technical assistance specialist for the national Assistive Technology Act Technical Assistance and Training Center (AT3).

Tracy Lynn Grammer, MS, CCC-SLP, ASHA Fellow is an SLP with 28 years of experience. She is employed at OU Medical Center as a speech-language pathologist for the Department of Otolaryngology, faculty member of the OUHSC College of Medicine Department of Otolaryngology and OUHSC College of Communication Sciences and Disorders. She currently serves as the lobbyist and Vice-Chair of the Oklahoma Board of Examiners for Speech-Language Pathology and Audiology. Ms. Grammer is a member of the ASHA Board of Ethics and has served on the ASHA SLP Advisory Council and the Legislative Council. She has served two terms as the President of the Oklahoma Speech-Language & Hearing Association. She is a Board Member of the NCSB.

Cheryl R. Hawkinson, Esq. is an Assistant Attorney General with Dave Yost's Ohio Attorney General's Office for 21 years. For the last seven years, she has been in the Health and Human Services Section. She has represented the Ohio Speech and Hearing Professionals Board for the last six years.

Nahale Freeland Kalfas, Esq. is a solo-practitioner specializing in Administrative Law. She received her J.D from Duke University School of Law. For the past 9 years, she has been responsible for prosecutorial hearings, settlements, rulemaking and legislative matters as General Counsel for the NC Board of Examiners for Speech Pathology and Audiology.

Matthew Lyon, Au.D. is a Board-Certified Audiologist who owns private practices in El Paso, Texas as well as Alamogordo and Las Cruces, New Mexico. Dr. Lyon has served in various governmental and audiology association capacities, including chair of the (Texas) State Board of Examiners for Speech-Language Pathology and Audiology, and President of the Texas Academy of Audiology. He currently serves as the Governmental Liaison for the Texas Academy of Audiology.

Patty Nesbitt is Executive Director for the WV Board of Examiners for Speech-Language Pathology and Audiology and has been employed by the Board since August 2008.

Todd R. Philbrick, CAE, CS has served as ASHA's Director of Certification and ex-officio to its Council for Clinical Certification in Audiology and Speech-Language Pathology since 2014. Todd has over 15 years of experience working with healthcare certification associations and working with state licensure boards to improve patient safety.

Kerri Phillips, SLP.D., is Professor/Program Director at Louisiana Tech University as well as adjunct instructor at Nova Southeastern. She currently serves at the NCSB President and is a member of the Interstate Compact Advisory Group. Dr. Phillips was has served multiple terms on the Louisiana Board of Examiners for Speech-Language Pathology and Audiology.

Kathy R. Pruner, MBA is a Client Relations Director at ETS (Princeton, NJ). Kathy has worked at ETS since 1997 and supported ASHA, state Audiology/SLP licensing boards, university Audiology/SLP preparation programs and candidates with Praxis testing for 8 years. Kathy has an MBA from LaSalle University and a BS from Penn State.

James R. Puente, MS, MJ, CAE was appointed Director, Nurse Licensure Compact (NLC) in 2009. This position is dedicated to the goals of the Compact's governing body, the Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA). Puente is charged with managing the operations and implementation of the NLC and the Commission strategic plan.

Jayne Pultro, Au.D. is an assistant professor and clinic director at the University of Arkansas for Medical Sciences. Prior to teaching in the doctor of audiology program, she founded and ran a multi-office private practice for twenty-six years in central Arkansas.

Theresa H. Rodgers, MA, CCC-SLP, L-SLP, EdS (LD) is ASHA's President Elect, an ASHFoundation Board Trustee, an SLP and special education consultant. Named an ASHA Fellow in 2009, she has served as president of CSAP, NCSB, and LSHA. Theresa is a former member of the Louisiana licensure board and chaired the ASHA Board of Ethics.

Ayn Stehr, Esq. is an attorney in private practice in Baton Rouge, Louisiana. She has represented the Louisiana Board of Examiners for Speech-Language Pathology and Audiology for over twenty-five years. Ayn is a registered Louisiana lobbyist having represented local government, professional associations and non-profits. She is a member of the Judicial Education Faculty of the Louisiana Supreme Court providing training to Louisiana's judiciary on domestic and dating violence.

Gregg B. Thornton, Esq. is the Executive Director of the Ohio Speech and Hearing Professionals Board. He is an affiliate member with the American Speech-Language-Hearing Association, American Academy of Audiology, International Hearing Society, and is on the Board of Directors with NCSB.

Glenn M. Waguespack, MS, CCC-A is a private practice audiologist and ASHA Fellow, is former President of NCSB, a former chair of the Continuing Education Board, former chair of the Council on Academic Accreditation, and former Vice-Chair of the Council for Clinical Certification. Having served five years on the Board of Ethics, he co-presents sessions in ethics resolution at the annual NCSB training and was a co-presenter for the ASHA Webinar on the revised Code of Ethics.

Speaker Disclosures available at: http://www.ncsb.info/2019/disclosure

Conference Venue - The Menger Hotel

Room reservations must be made directly with the hotel via phone at 210-223-4361. Mention "NCSB Conference" to receive the group rate. The group rate is available through Aug. 26th or when rooms sell out. Guest Room Group Rates: Single/Double: $129 per night, plus tax (additional charges may apply for triple/quad).
Hotel address: 204 Alamo Plaza; San Antonio, TX 78205
Hotel website: https://www.mengerhotel.com

Transportation Information

The hotel does not provide airport transportation to the San Antonio International Airport (SAT): 20 mi. Shuttle Service: Super Shuttle San Antonio is an option by booking online, phone or mobile app. Call 1-800-258-3826 or visit www.supershuttle.com. Reservations are required. A taxi, Uber or Lyft also are available.

Additional hotel and airport shuttle information is available at: http://www.ncsb.info/2019/venue.

National Council of State Boards of Examiners for Speech-Language Pathology and Audiology
32nd Annual Conference Registration

Register online at http://www.ncsb.info/2019/registration

Name_____

Preferred Phone_____

Board represented_____

Address_____

_____

Email_____

Thursday Board Training Workshop: (Includes lunch, refreshment break and flash drive with NCSB Reference Manual):
_____Individual from member state- $225.00
_____Individual from non-member state- $325.00

Friday and Saturday Conference: (Friday luncheon and refreshments provided):
_____One attendee from member state- $325
_____Multiple attendees from member states - $300 each
_____Individual from non-member state- $500
_____Exhibitor with one attendee - $450 (includes one conference registration)

Sponsorship Opportunities
Contact the NCSB Business Office; info@ncsb.info.

Keynote Speaker Sponsorship - $1,500
Breakfast - $1,000
Council Luncheon at Conference - $1,000
Morning/Afternoon Breaks - $500
Platinum Level - $2,000
Gold Level - $750
Silver Level - $500
Bronze Level - $100

TOTAL AMOUNT DUE:_____

Make payment to NCSB by check/money order in US currency and return with this form to:
NCSB 3416 Primm Lane, Birmingham, Alabama 35216, USA.

Registration Deadline: August 26th
Cancellations on or before Aug. 26th: 90% of registration fee. Cancellations after Aug. 26th : No refund of registration.